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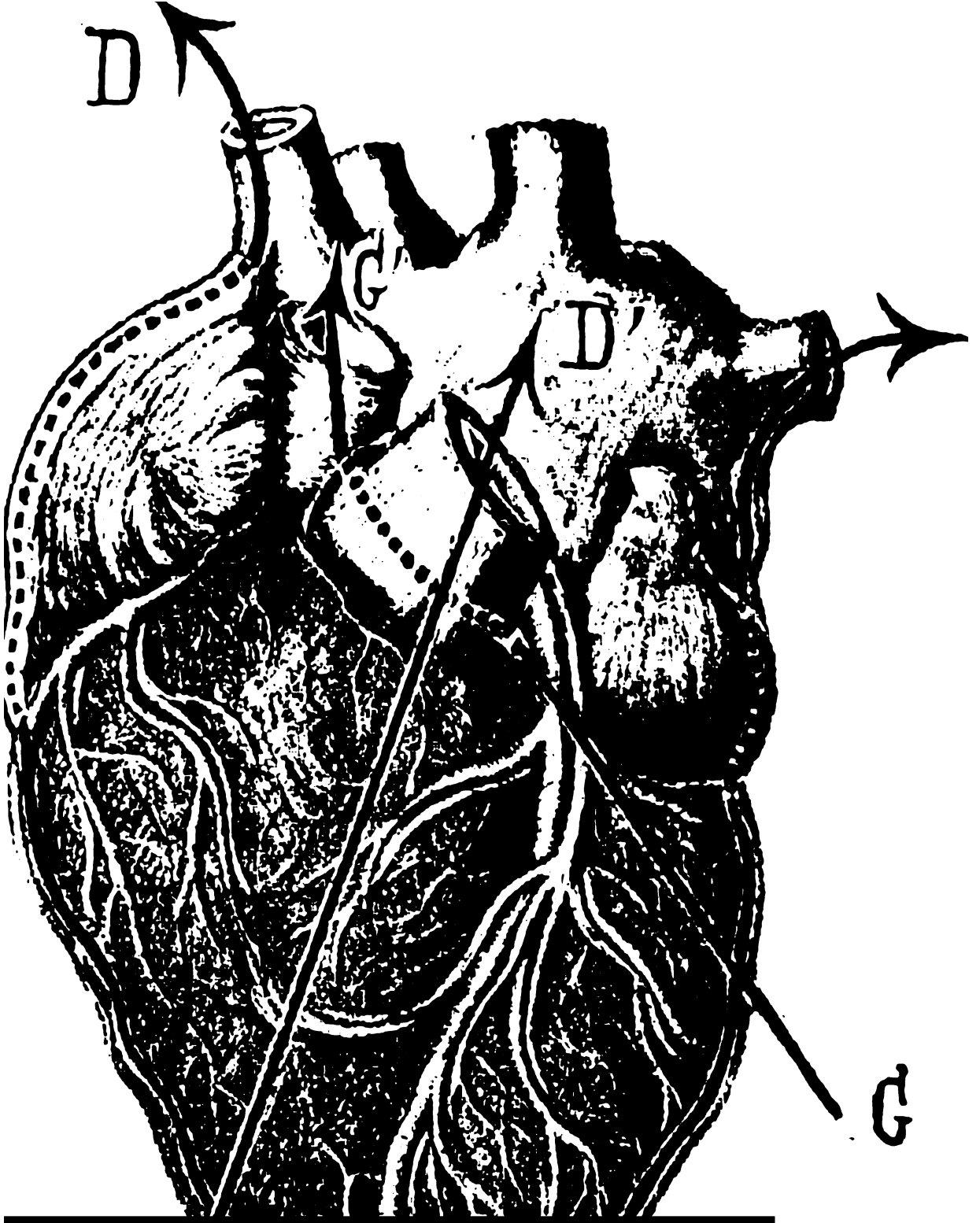

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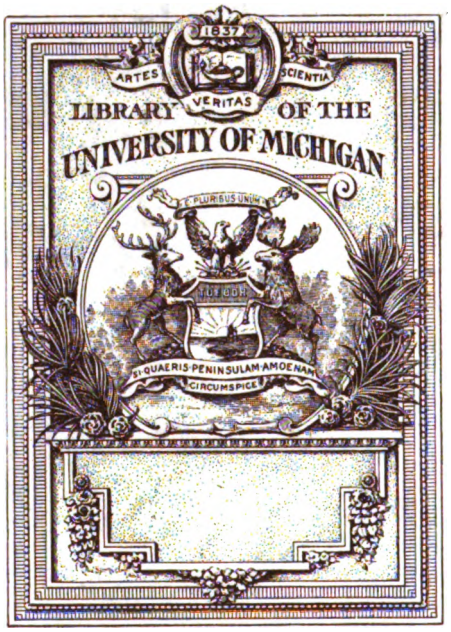
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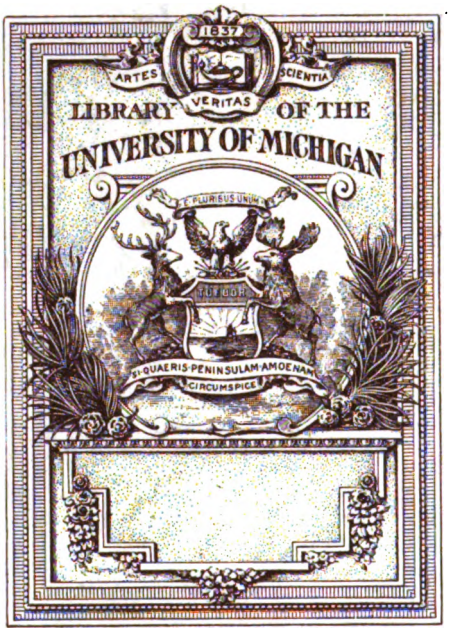
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THE MEDIUM.

THE MEDICAL FORTNIGHTLY

DEVOTED TO THE INTERESTS OF

THE GENERAL PRACTITIONER.

FRANK PARSONS NORBURY, M. D.
MANAGING EDITOR.

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SUMMARY OF THE YEAR.

ORIGINAL DEPARTMENT.

ACUTE RELAPSING RHEUMATISM —By W. W. Hunt, M. D., East Providence, R. I..... 636

AUTOPSY OF A HEART—By Dr. M. Letulle, Professor (Agrege) Paris Faculty; Lecturer on Pathological Anatomy, and Physician to Paris Hospital, etc., Paris, France..... 197

A SUCCESSFUL CASE OF TRANSPLANTATION OF TEETH—By E. S. Pettyjohn, Superintendent Alma Sanitarium, Alma, Mich..... 44

ALKALOID MEDICATION—By J. P. Thorne, M. D., Attending Physician, Palmer Memorial Hospital, Janesville, Wis..... 419

ANTITOXINE IN THE TREATMENT OF DIPHTHERIA—By E. W. Saunders, M. D., St. Louis, Professor of the Diseases of Children and Clinical Obstetrics, Missouri Medical College of St. Louis..... 302

ABSTRACT OF MR. HUTCHINSON'S CLINICAL LECTURE..... 244

ABDOMINAL HYSTERECTOMY—By Joseph Eastman, M. D., LL. D., Indianapolis, Ind., Professor of Gynecology and Abdominal Surgery in the Central College of Physicians and Surgeons 41

BIOGRAPHICAL—H. K. PORTER, M. D., NORTH DAKOTA—By W. T. Parker, M. D., Groveland, Mass..... 421

CHRONIC GASTRITIS—By J. M. G. Carter, M. D., Waukegan, Ill., professor of Clinical Medicine, College of Physicians and Surgeons, Chicago, Ill..... 505

CLINICAL LECTURE ON CONGENITAL FISTULAE AND SINUSES AT THE UMBILICUS—By Roswell Park, A. M., M. D., Professor of Surgery, University of Buffalo..... 9

CONSUMPTION CURABLE—By S. L. Kilmer, M. D., South Bend, Ind..... 566

CLINICAL LECTURE—THE PUERPERAL PALSIES DUE TO NEURITIS—By Chas. W. Burr, M. D., Clinical Professor of Nervous Diseases in the Medico-Chirurgical College, Philadelphia..... 77

CASE OF DOUBLE CONGENITAL ECTROPION—By A. L. Adams, M. D., Jacksonville, Ill..... 337

DESCENDING COLON AND ITS MESOCOLON IN 160 ADULT AUTOPSIES—By Byron Robinson, B. S., M. D., Chicago, Professor of Gynecology in Post-Graduate School..... 14

DEVELOPMENT OF THE MODERN MEDICAL COLLEGE—By W. J. Bell, Ph. D., M. D., St. Joseph, Mo.. 164

EDUCATION OF GIRLS—By H. Work, M. D., Pueblo, Colo..... 220

EFFECTS OF CONSTIPATION UPON THE NERVOUS SYSTEM—By Elmore S. Pettyjohn, M. D., Alma, Mich., Superintendent Alma Sanitarium 513

EXTIRPATION OF THE RECTUM; A CASE—By Charles C. Allison, M. D., Omaha, Neb., Professor of Surgical Anatomy, Rectal and Genito-Urinary Surgery, Omaha Medical College 534

EXAMINATION OF THE PERITONEUM—By Byron Robinson, B. S., M. D., Chicago, Ill., Professor of Gynecology in Post-Graduate Medical School 595

EXOPTHALMIC GOITRE; BASEDOW'S OR GRAVES' DISEASE—By J. W. Newcomer, M. D., Petersburg, Ill.... 689

EARLY STAGE OF PARETIC DEMENTIA—By Frank C. Hoyt, M. D., Superintendent Iowa Hospital for the Insane at Clarinda, Iowa..... 693

FRENCH THERAPEUTICS AND FORMULAE—By Thomas Linn, M. D., Paris and Nice, France..... 46

FRENCH THERAPEUTICS AND FORMULAE (Continued)—By Thomas Linn, M. D., Paris and Nice, France 106

FATAL PULMONARY EDENA FROM MITRAL STENOSIS—By J. M. Hall, M. D., Professor of Therapeutics and Clinical Medicine, University of Colorado, Denver, Colo.... 174

FURTHER LIGHT ON THE OSTEOPATHIC FAD—By M. S. Chenoweth, M. D., St. Louis..... 246

FAVORITE PRESCRIPTIONS — By Geo. W. Turner, M. D., St. Louis..339, 395

FATAL CHOREA, WITH REPORT OF CASE—By Frank R. Fry, M. D., and M. A. Bliss, M. D., St. Louis, Mo 472

FRACTURE OF THE HYOID BONE —By H. F. Hazlett, M. D., Pueblo, Colo. 504

HIGH ALTITUDE IN HEALTH—By Hubert Work, M. D., Pueblo, Colo... 443

HOW TO TEACH MEDICINE AND SURGERY—A SYMPOSIUM—Part I —HOW GYNECOLOGY SHOULD BE TAUGHT—By Henry T. Byford, M. D., Professor of Gynecology in the College of Physicians and Surgeons, Chicago..... 299

Part II—OBSTETRIC TEACHING—By Charles Jewett, A. M. M. D., Professor of Obstetrics and Pediatrics, Long Island College Hospital, Brooklyn, N. Y..... 383

Part III—HOW TO TEACH SURGERY—By Waldo Briggs, M. D., St. Louis, Dean and Professor of the Principles and Practice of Surgery and Clinical Surgery, St. Louis College of Physicians and Surgeons..... 411

Part IV—HOW TO TEACH MEDICINE—By N. S. Davis, Jr., A. M. M. D., Chicago, Ill., Professor of Principles and Practice of Medicine in Northwestern University Medical School, etc..... 430

Part V—How TO TEACH PRACTICAL ELECTRO-THERAPEUTICS—By S. H. Monell, M. D., Brooklyn, N. Y., Chief Instructor Brooklyn Post-Graduate School of Electro-Therapeutics 659

IODIDE OF POTASSIUM IN THE TREATMENT OF SYPHILIS—By Chas. Mauriac, M. D., Paris, France, Physician to Hospital Ricord..... 531

INTERESTING CASE OF SIMPLE ATROPHY—By H. G. Sigman, M. D., Cripple Creek, Colo..... 273

ISOLATION OF DIPHTHERIA PATIENTS—By M. V. Ball, M. D., Philadelphia, Pa., Bacteriologist to St. Agnes Hospital..... 335

LATERAL IMPLANTATION OF PLACENTA WITH HEMORRHAGE—TWIN PREGNANCY—By H. S. Crossen, M. D., St. Louis, Mo., Superintendent and Surgeon in Charge of St. Louis Female Hospital..... 414

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SUMMARY OF THE YEAR.

MODICUM OF HEARING OF DEAF MUTES; HOW TO USE IT AND HOW TO IMPROVE IT—By S. T. Walker, M. A., Jacksonville, Ill., Superintendent Illinois Institution for the Deaf 137

MR. HUTCHINSON'S CLINICAL MUSEUM (with portrait)..... 243

NERVOUSNESS IN YOUNG WOMEN; ITS MECHANISM AND SOME OF ITS CAUSES—By Frank Parsons Norbury, M. D..... 110

NEW ONE-STROKE DOUBLE TINCTION FOR LEPRA AND TUBERCLE BACCILI—By Dr. P. G. Unna, Hamburg, Germany..... 144

ON DIVISION OF THE VAS DIFFERENS IN CASES OF OBSTRUCTIVE PROSTATIC HYPERTROPHY—By Reginald Harrison, F. R. C. S., Surgeon to St. Peter's Hospital, London..... 132

OBSCURE BRAIN TROUBLE—By W. J. Eddy, M. D., Shelbyville, Ill..... 329

PROTECTION OF THE INNOCENT FROM GONORRHOEA—By Ferd. C. Valentine, M. D., New York City, Professor of Genito-Urinary Diseaseses, New York School of Clinical Medicine; Genito-Urinary Surgeon, West Side German Dispensary, etc.. 563

PUERPERAL ECLAMPSIA AND ITS TREATMENT—By J. T. McShane, M., Indianapolis, Ind..... 79

PREVENTION AND TREATMENT OF PELVIC INFLAMMATIONS IN WOMEN—By T. N. Rafferty, M. D., Robinson, Ill..... 170

PRACTICAL NOURISHMENT OF INFANTILE INVALIDS—By W. Thornton Parker, M. D., Groveland, Mass.. 224

PSYCHOSES OF EPILEPSY, AND THE CARE OF THE EPILEPTIC—By Frank C. Hoyt, M. D., Superintendent of the Iowa Hospital for the Insane at Clarinda..... 331

PERITONITIS, OR THE DIFFERENTIAL DIAGNOSIS OF APPENDICITIS AND OTHER INTRA-ABDOMINAL AND PELVIC ACUTE INFLAMMATORY AFFECTIONS—By Carl E. Black, M. D., Jacksonville, Ill..... 465

QUACKS AND QUACKERY—By J. W. Pettit, M. D., Ottawa, Ill..... 48

REPORT OF CASES OF TYPHOID FEVER TREATED ACCORDING TO THE WOODBRIDGE METHOD—By B. B. Griffith, M. D., Springfield, Ill..... 250

REPORT OF A CASE OF HORSE-SHOE FISTULA OF THE ANUS—By S. G. Gant, M. D., Professor of Diseases of the Rectum, University Medical College, Kansas City, Mo.... 275

RECENT GYNECOLOGICAL FORMULA—By Chas. Everett Warren, M. D., Roslindale, Mass..... 249-281

SKULL TRAUMATISM; AMPUTATION AT THE HIP JOINT—By Waldo Briggs, M. D., Dean of the Faculty and Professor of Surgery, St. Louis College of Physicians and Surgeons 159

SURGICAL TREATMENT OF RETRODISPLACEMENTS OF THE UTERUS—By A. J. C. Skene, M. D., Dean and Professor of Diseases of Women, Long Island Hospital, Brooklyn, N. Y..... 215

SURGICAL TREATMENT OF SEPTIC PERITONITIS—By Lewis Schooler, M. D., Des Moines, Iowa..... 391

THE NEURASTHENIA OF THE CLIMACTERIC—By Reynold W. Wilcox, M. D., LL. D., Professor of Clinical Medicine and Therapeutics, New York Post-Graduate Medical School.. 189

TREATMENT OF COMPOUND FRACTURES OF THE NECK OF THE FEMUR IN THE AGED, TOGETHER WITH DISLOCATIONS; EXHIBITION OF APPARATUS AND A SPECIMEN—By J. F. Percy, M. D., Galesburg, Ill..... 355

TRAUMATIC PTERYGIUM WITH A COMPARATIVE STUDY OF THE REFRACTIVE CONDITION OF THE EYE BEFORE AND AFTER OPERATION—By Charles A. Oliver, A. M., M. D., Philadelphia, Pa., one of the Attending Surgeons to the Wills Eye Hospital; one of the Ophthalmic Surgeons to the Philadelphia Hospital, etc..... 361

TREATMENT OF HAY FEVER—By W. W. Bulette, Pueblo, Colo., Laryngologist and Otologist to Pueblo Hospital; to Pueblo Children's Home; to Colorado State Insane Asylum; to Colorado Home for Feeble-Minded.... 476

TREATMENT OF APPARENT DEATH IN THE NEWLY BORN—By Professor Pinard, Paris, France, Professor of Obstetrics, Faculty of Maternity, etc..... 501

THE OPTHALMOSCOPE—By J. Ellis Jennings, M. D., St. Louis.
First paper..... 148
Second paper 193
Third paper..... 277
Fourth paper..... 598

THOUGHTS ON PUERPERAL ECLAMPSIA—By J. B. Carrell, M. D. Hatboro, Pa..... 657

TWENTY-SEVEN CASES OF CROUP—By E. W. Saunders, M. D., St. Louis, Mo., Professor of Diseases of Children and Clinical Obstetrics, in Missouri Medical College..... 627

WHEN TO OPERATE IN TRAUMATIC INJURIES—By J. N. Dixon, M. D., Springfield, Ill..... 167

EDITORIAL DEPARTMENT

Alcoholism as a Defense for Crime.... 322
American Medical Association..... 296
Another Divine Healer..... 182
Another One Falls Into Line..... 35
Antitoxin and the Medical Brief..... 463
A. C. Corr, A. M., M. D., Carlinville, Ill. 438
Artificial Respiration 70
Association Week at Atlanta..... 242
Association of American Physicians... 321
A Well-Qualified Physician..... 155
Bigotry in Medicine 380
Business Is Business..... 405
Came High 130
Care of the Feeble-Minded..... 209
Caste in Medicine 409
Called Down 527
Character in Medical Men..... 3
Chicago as a Medical Center..... 158
Claims of the Feeble-Minded..... 408
Climatology 158
Clinical Teaching in St. Louis..... 211
Cliques, Combines, etc..... 266
Colorado's Resorts..... 5
College-Bred Man in Medicine..... 126
Compensation 185
Color Line..... 379
Craniotomy for Idiocy..... 212
Cycling for Women..... 127
Danger in Diabetes..... 98

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SUMMARY OF THE YEAR.

Death of Dr. Elsworth F. Smith..... 497
Diploma Mills 556
D. O..... 461
Dr. Fuerth and the Medical News..... 523
Expert Testimony 130
Entrance Examinations 407
Farce-Comedy 99
Flushing of the Face..... 435
Forthcoming Papers 436
Future of Brain Surgery..... 4
High Altitude Treatment of Pulmonary Diseases..... 1
Hospital's Responsibility 69
Hot Water 184
How to Teach Medicine; A Symposium 238
Illinois State Medical Society..... 296
Illinois Health University..... 557
Improvement of the Condition of Deaf Mutes 270
Is It Child Murder?..... 183
Laboratory Methods in Diagnosis..... 349
Laborer Worthy of His Hire..... 294
Let Us Be Natural..... 156
Liberty of Speech..... 325
Local Anaesthesia 34
Manhood in the Physician..... 183
Medical Progress vs. Medical Journalism 68
Medical Care at Club Rates..... 557
Medical Plunger 69
Medical Colleges and the State Board of Health 97
Medical Disorganizer 101
Metric System 379
More of Still..... 293
Miraculous in Medicine..... 527
Morals of Medical Men..... 181
M. V. M. A. at St. Paul..... 525
New Treatments Established in 1895.... 67
New Ray 125
Nothing New Under the Sun..... 129
New Physician 157
Ohio in Line..... 186
Old Sores and New Remedies..... 297
Ophthalmoscope 102
Osteopaths Not Entitled to Practice in Illinois 524
Personal Purity 377
Physicians in Politics..... 239
Phthisical Patient Himself..... 153
Professional Confidence 237
Professor of Hynotic Art and Science.. 350
Portrait Presentation 35
Prof. Burt G. Wilder..... 70
Roentgen Ray 271
Rupture Specialist 128
Self-Reliance 434
Sensationism in Medicine..... 265
Sleeplessness 269
So-Called Schools of Psychology..... 433
Spanish-American Accouchement..... 33
Study of the Malarial Organism..... 324
St. Paul Meeting..... 497
Still At It..... 238
Sydenham's Chorea 555
Testimonials 272
The State Medical Society..... 210
Tit for Tat..... 27
True Ring 524
Young Man in Medicine..... 5
Young Doctor 100
What Constitutes Epilepsy?..... 187
Woman's Place in Medicine..... 187
Water 240
What Fools These Mortals Be..... 495
What Constitutes an Ideal Medical Journal? 558

CORRESPONDENCE.

Antitoxin in London 306
Cincinnati Letter 20
Chicago Letter 91
Correction 605
Diphtheria Bacillus 38
Deciduoma Malignum 306
Harvey Medical College 605
Jenner Centenary 306
London Letter.....18, 197, 374, 518, 528, 569
More About Diploma Mills 605
New Serum..... 38
Philadelphia Letter.....119, 175, 561, 286, 695
Small-pox Epidemic 306
Schott Treatment 307
Sketches from Paris 359
Treatment of Small-pox 38
Treatment of Otitis Media Catarrhalis Sicca 88

THE REVIEWER'S TABLE.

American Text-Book of Physiology.... 662
American Text-Book of Applied Therapeutics 663
Borderland Studies 520
Food and Health in Disease..... 625
Fourteenth Edition of Gray's Anatomy 530
in Private Practice..... 530
Feeding in Early Infancy 662
Manual of Clinical Diagnosis by Microscopical and Chemical Methods..... 626
Manual of Obstetrics..... 625
Minor Surgery and Bandaging 625
Multum in Parvo Reference and Dose book 530
Mauual of Materia Medica and Pharmacology 663
Medical News Visiting List for 1897.... 664
Newer Remedies 520
Practical Points in Nursing for Nurses
Quiz Compend; Diseases of Children.. 520
Reviewers' Table.....59, 7, 562, 396, 416,
System of Surgery 626
Treatise on the Medical and Surgical Diseases of Infancy and Childhood.. 520
Treatise on Appendicitis..... 662
....304, 307, 698, 373

OBSTETRICS.

By R. Brent Murphy, M. D. St. Louis.

Aseptic and Antiseptic Precautions in Private Midwifery Practice..... 111
Bacteriologic Examination of the Vaginal Uterine Mucus..... 117
Chloroform in Labor 114
Diagnosis of Pregnancy by the Roentgen Ray 580
Favorite Prescriptions 118
Manual Interference to Correct Certain Undesirable Presentations..... 116
The Walcher Position 579

DERMATOLOGY.

By M. F. Engman, M. D. St. Louis.

Curative Action of Erysipelas on Lupus 398
Case of Rhinoscleroma Originating in the United States..... 344
Infected Scratch and its relation to Impetigo and Ecthyma 343
Ichthyol in Burns..... 398
Ichthyol in Erysipelas..... 398
Thinosinamine 343
Thioform 398
Treatment of Acne 398

DEPARTMENT OF RAILWAY SURGERY.

By Paul F. Vasterling, M. D., St. Louis.

Accident Neuroses 401
Brief Review of the Growth of Railway Hospital Departments 399
Extent of the Employment of Railway Surgeons in the United States..... 400
Management of Railway Hospitals.... 490
Railway Rumblings 401
Railway Hygiene 490
Railway Neurosis 491

OTOLOGY.

By Gilbert I. Cullen, M. D., Cincinnati, O.

Diseases of the Ear in Apex Catarrh.. 88
Inflammation of the Middle Ear of Infants 88
Removal of Foreign Bodies from the Ear 88

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SUMMARY OF THE YEAR.

REPORTS ON PROGRESS.

GENITO-URINARY SURGERY AND VENEREAL DISEASES—By Bransford Lewis, M. D., Assisted by Dr. G. W. Turner and Rutherford Gradwohl, St. Louis, Mo.

Alternating Treatment of Diabetes Mellitus 21
Cancer of the Prostate..... 701
Chronic Incomplete Retention of Urine 372
Concerning the Action of the Diphtheria Anti-Toxin on the Kidneys and on the Heart..... 22
Clinical Value of Renal Casts..... 89
Difficulties in the Catheterization of the Male Urethra..... 552
Elephantiasis of the Genital Organs... 702
Effects of Mineral Water on Renal Calculi 449
Extra-Peritoneal Rupture of the Bladder, Following Treatment of Gonorrhea by Irrigation; Cure 450
Examination of Urine after Chloroform Narcosis 551
Eczema of the Genital..... 607
Family History of Hydrocele..... 203
Gonorrheal Pleurisy 203
Genital Tuberculosis in Women..... 562
Gonococcus and Gonorrheal Manifestations 22
Intoxication by Cocaine..... 450
Improved Syringe for Infiltration Anaesthesia 90
Mixed Urinary Infection—Presence of Bacilli Pyocyanel in the Urine..... 701
Movable Kidney..... 203
Nephrotomy in Nephritis 372
Operative Treatment of Tuberculous Epididymitis 638
Profuse Hematuria as an Early Indication of Incipient Renal Tuberculosis 450
Primary Ephithelioma of the Urethra. 371
Retention Cysts of Cowper's Glands as a Cause of Chronic Gleet..... 202
Radical Treatment of Hypertrophied Prostate 449
Results and the Post-Operative Treatment of Nephrolithotomy 702
Surgical Treatment of Hydrocele..... 372
Serum-Therapy of Syphilis..... 607
Treatment of Diabetes Mellitus..... 21
Treatment of Gonorrhea of the Lachrymal Sac 639
Total Emasculation of Cancer of the Penis 637
Treatment of Syphilis with Tertiary-Syphilitic Serum 551
Treatment of Buboes..... 371
Traumatic Stricture of the Urethra.... 372
Treatment of Gonorrhea by Airol..... 372
Urethral Stricture; Terminal Phase of its Treatment 450
Urotropin (Hexamethylene-Ramin) ... 203
Urethrocele in a Woman..... 701

GYNECOLOGY.

By T. C. Witherspoon, M. D., St. Louis, and Josephine Milligan, M. D., Jacksonville, Ill.

After-Treatment of Puerperal Sepsis.. 610
Artresia Vaginae 62
Bicycling for Women from the Standpoint of the Gynecologist..... 577
Dysmenorrhea and Its Treatment..... 578
Endometritis 62
Extra-Uterine Pregnancy 62
Laparotomy Followed by Intestinal Paralysis 397
Malignant Deciduoma 62
Ovarian Neurosis 610
Preparatory and After-Treatment of Gynecological Operations 609
Reproduction of Endometrium..... 62
Relation of Menstruation to the other Reproductive Functions 576
Supernumerary Urethra and Bladder.. 576
Trachoma of the Female Genital Tracts 397
Vertical Vaginal Incisions..... 379
Vaginal Incision and Drainage in Certain Pus-tube Cases..... 397
Vaginal Section 576
Ventro-Fixation of the Uterus..... 578

SOCIETY PROCEEDINGS.

American Medical Association.....169, 234
Brainard District Medical Society..452, 665
Capital District Medical Society..... 74
Golden Belt Medical Society..... 437
Mitchell District Medical Society 55
Medical Association of the State of Mo. 210, 253, 363, 345, 423, 451, 484, 545
Mississippi Valley Medical Association 418, 493, 635, 569, 611
Medical Society of the Missouri Valley 206
Morgan County Medical Society..... 158
Medical Society State of New York.... 74
Ophthalmology, College of Physicians Philadelphia..... 178, 364
Pan American Medical Congress....365, 706
Railway Surgeons' Meeting 282
Tri-State Medical Society of Alabama, Georgia and Tennessee.....550, 646, 668
Western Surgical Association..... 73

OPHTHALMOLOGY

By J. Ellis Jennings, M. D., St. Louis.

Foreign Bodies in the Conjunctiva and Cornea 262
Further Contribution to the Use of the Galvano-Cautery in Pterygium Operation 703
Light—Ointment of the Yellow Oxide of Mercury—and the Ointment Pots in Common Use 261
Penetrating Wounds of the Eye-ball.. 225
Spontaneous Extrusion of a Piece of Iron Through the Cornea..... 226
Sponge Grafting in the Orbit for Support of Artificial Eye 704
Supplementary Remarks on Scopolamine as a Mydriatic..... 703
Treatment of Detachment of the Retina 703
Value of Scopolamin Hydrochlorat in Testing Refraction..... 225

GENERAL SURGERY.

By T. A. Hopkins, M. D., St. Louis.

Boric Acid as a Surgical Dressing..... 341
Cholecystduodenostomy for Lithiasis, with the aid of the Murphy Button.. 341
Mortality from Empyema in Childhood 342
Technique of Drainage after Abdominal and Vaginal Section..... 341
Treatment of Sprained Ankle..... 342

DISEASES OF THE NOSE AND THROAT.

By Jno. A James James. B. Sc. M. D., St. Louis.

Calomel, a Specific in Diphtheria..... 448
Chancre of the Tonsil..... 447
Laryngeal Photography with the Aid of the Arc Light..... 447
Purulent Rhinitis in Children..... 447
Relation Between Chronic Laryngitis and Tuberculosis 448

DISEASES OF THE RECTUM.

By Daniel Morton, M. D. St. Joseph, Mo.

Double Castration for Hemorrhoids.... 705
Excision of Piles and Suturing..... 705
Oxygen and Anaesthetics..... 705
Treatment of Fissures with Cocain and Ichthyol 705

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SUMMARY OF THE YEAR.

MISCELLANY.

Artificial Feeding 640
Antitoxine Treatment of Diphtheria... 29
Acute and Chronic Intestinal Catarrhs 678
Alabama's Pharmacy Law..... 311
Assimilable Form of Iodine..... 682
Advance of Women..... 72
At Home 592
Antitoxin Fatality 311
American Neurological Association ... 428
Aluminum for Cooking Utensils 503
Accurate Administration of Lithia..... 124
American Academy of Medicine..... 206
Association of Military Surgeons of the United States..... 230
A Representative Nutritive Preparation 430
Alcoholics to be Removed by the Government 499
Advancements in Medical Requirements in Illinois 604
American Association of Obstetricians and Gynecologists 624
Bath Treatment for Typhoid Fever.... 124
Baron Larrey's Bequest..... 230
Beri-Beri on the Fiji Islands 503
Bicycle Seats 522
Blood in Chorea 656
Bureau of the Medical Press 445
Columbus to the Front 677
California Insane 230
Cheap at Half the Price..... 206
Cause of Varicocele..... 123
Centenarians in France..... 123
Change of Name 655
Congenital Luxation of the Hip 455
Carlsbad Sprudel Salts for Asthma.... 643
Graduate Nurses 623
Chicago Pasteur Institute 598
Consumption of Horse Flesh..... 285
Comparative Pathology at Harvard.... 312
Constipation in Diabetes..... 313
Cholera in Egypt..... 428
Collective Investigation of Diphtheria in Private Practice 581
Dangers Which Threaten the Usefulness of Codliver Oil 456
Death of Dr. Pipino..... 403
Death of Dr. Powell..... 72
Death of Germaine See..... 268
Death of Dr. Hodgen..... 535
Devoted to the New Photography..... 544
Dead Chinamen as Freight 31
Diabetes 667
Death of Professor Charles Otto Curtman, M. D..... 287
English Take Pills..... 123
Epilepsy in Iowa 429
Entering Wedge 179
Fate of a Famous Health Resort..... 231
Fatal Post-Partum Hemorrhage..... 232
Favorite Prescriptions 575
Favorite Prescriptions..... 606
Filtration of Urine 32
Formalin Method for Rapid Diagnosis of Uterine Scraping 649
Feeding of Typhoid Patients..... 29
Garbage Removal in Chicago..... 517
Gasoline as an Intoxicant..... 122
Golden Jubilee 72
Great Hot Wells of Corsicana..... 231
Graduating Exercises College of Physicians and Surgeons..... 231
Golden Rule 258
George Noble Kreider, M. D. 500
Gall Stones 230
Germany Officially Investigating Our Climate 517
Good All-Around Tonic 644
Happy Combination 681
Hospital Sunday Receipts in London.. 124
Hydrozone in Purulent Otitis Media... 404
Hong Kong and the Plague..... 429
Hamlin J. Andrus of Yonkers, N. Y. Killed 624
Had Previously Compiled 230
Heart in Rheumatic Fever..... 30
Insufficient Hospital Accommodation in Paris 122
Industrious Scientist and Physician... 122
Italian Universities 517
Infant Feeding 521
Indigestion—Eructations—Dyspnoea .. 586
Is it Nostrum Journalism?..... 677
In Continental Fevers 681
Infant Mortality in Paris..... 230
Intrabronchial Medication 259
Inducements to Female Students..... 550
Japan and Her Enterprise 122
Leprosy in New York..... 311
Low Birth Rate in France 499
Lithia Water Tablets vs. Lithia Water 642
Marriage of Epileptics 428
Mechanical Treatment of Mitral Disease of the Heart..... 259
Medical Melange 24
Mutilated Askari—"Arms and Legs"... 639
Medical Examinations 623
Moody's Magazine of Medicine 499
Medical Heroes 498
Murder Growing too Common 428
Milk Should Be Sterilized..... 311
Metric System of Weights and Measures 284
Medical Office Buildings..... 230
Medical Education in Vienna..... 230
Medical Men to Avoid..... 218
Moonblink 230
Memorial to Dr. Hack Tuke..... 711
Missouri Pharmacists 402
Medical College of Indiana..... 131
Medicine Up to Date..... 429
Morgan County (Ill.) Medical Society.. 131
Municipal Cold Storage..... 123
Medical Department of the University of Wooster 72
Mortality of Diphtheria..... 73
Missouri State Board of Health..... 74
Mental Symptoms Occurring in Bodily Diseases 64
New Post-Graduate School 656
Nervous Sleeplessness 676
Nitroglycerin 455
New Method of Anchoring the Kidney 553
New Officers of the G.-U. Association.. 402
New Medical Law..... 403
Not Responsible for an Error of Judgment 552
New York's Overcrowded Tenements.. 498
New York Post-Graduate Medical School 430
New Internes in the St. Louis Hospital 431
Nervous Syphilis 291
New Medical Book Store..... 284
Necrologic 267
Nitrates in Infective Diseases..... 123
New Hospital Law in Connnecticut.... 124
Obituary Notice—Dr. James N. Parker 352
Oxygen in the Treatment of Pneumonia 289
Our National University 428
Post-Mortem Fees 124
Pasteur's Will 122
Post-Graduate Medical School of Chicago 74
Practical Therapeutics 236
Physician to the Shah of Persia 499
Prince Bismarck, M. D..... 529
Peroxide of Hydrogen 585
Pan-American Congress 667
Parmele Gold Solution 649
Relation Between Pleurisy and Tuberculosis 261
Room for Improvement..... 291
Relation of Pelvic Disease to Mental Diseases 63
Relations of Medical Examining Boards to the State, to the Schools and to Each Other 290
Royal Physician 230
Role Played by Infection..... 263
Revenue from the Doctors..... 284
Requirements for Admission at Harvard 123

Digitized by Google

Successful Surgery for Traumatic Epilepsy 72
Simple Treatment for Granulated Lids. 179
Stenosis of the Thoracic Duct..... 188
Signs of Advancement 429
Spanish Troops in Cuba..... 429
Second Pan-American Medical Congress 290
St. Louis' Great Storm..... 208
Slumber Sound in Philadelphia..... 644
Serum of Maragliano 28
Substitute for Coffee and Tea 680
Strongly Put 667
Tit for Tat..... 75
Tobacco and Diphtheria..... 230
Typhoid Fever in Young Children..... 233
Thyroid Feeding in Mental Diseases... 63
They Know a Good Thing..... 517
The Quack and the Press..... 529
Tetanus Antitoxin 709
Treatment of Indigestion of Infants... 553
Tuberculosis of the Larynx — The Treatment 581
Treatment of Sciatica..... 313
Two Germs 32
Train Sickness 28
Time for Reading 655
Tight Bands 667
Value of Therapeutics..... 263
Vomiting in Pregnancy..... 292
Western Surgical and Gynecological Association 655
Utah to the Front..... 644
Yeast Nuclein in the Treatment of Hip-joint Disease 458

ILLUSTRATIONS.

A Familiar Scene in the Atlanta Exhibit Hall..... 432
A. C. Corr, A. M., M. D., Carlinville, Ill 438
Binocular Ophthalmoscope of Giraud-Tuelon 150
Alexander B. Shaw, M. D..... 589
Charles O. Curtman, M. D. 288
Case of Traumatic Pterygium..... 361
Compound Lens 279
Direct Method (Lang)..... 601
Dr. J. M. G. Carter, M. D. 505
Dr. H. R. Porter 421
Dr. Paul F. Vasterling, St. Louis..... 399
Dr. F. Raymond, Paris, France..... 340
Direct Method at a Short Distance from the patient (Lang)..... 280
Dr. Sigman's Case of Simple Atrophy. 274
Dr. Adams' Case of Double Congental Ectropion 338
E. R. Lewis, M. D., Kansas City..... 328
F. H. Peck, M. D., Utica, N. Y..... 26
Frank Trester Smith, M. D., Chattanooga, Tenn. 623
Frank J. Lutz, M. D., St. Louis..... 283
George Noble Kreider, M. D..... 500
Hook and Ligature 134
Helmholtz's Ophthalmoscope..... 148
Henry T. Byford, M. D., Chicago 300
H. W. Loeb, M. D., St. Louis..... 494
H. O. Walker, M. D., Detroit..... 493
H. T. Butlin, Treasurer British Medical Association 528
Impacted Intra-capsular fracture of the neck of the femur..... 357
Indirect Method (Lang) 599
Jabez N. Jackson, M. D., Kansas City 319
Jonathan Hutchinson 559
John H. Duncan, M. D., St. Louis..... 327
Line of Incision..... 162
Loring Ophthalmoscope—Old and New Models 151
Lines of incision of the heart 199
Left heart opened..... 201
L. E. Lemon, M. D., Denver..... 593
Monell High Tension Induction Apparatus 660
Morton's Ophthalmoscope (English) ... 152
Method of removing leg..... 163
Mr. Jonathan Hutchinson, F. R. S. 243
Medical Student's Dilemma..... 524
Mr. James Christie 591
N. Senn, M. D., Chicago..... 326
Object Lens 279
Oblique or Focal Illumination (Lang).. 279
Prof. German See 353
Professor Kaposi 560
Position of ligature on artery..... 162
Reynold W. Wilcox, M. D., LL. D..... 189
S. R. T. Grainer Stewart, M. D. 518
Sir Dyce Duckworth, M. D..... 483
Sir J. Russell Reynolds..... 374
Stump 163
Thomas Hunt Stucky, M. D. 525
Thorington's Cover-chimney 194
The four orifices at the base of the heart 198
Thorington's Schematic Eye..... 602
The right heart opened..... 200
The Pharynx as seen from behind..... 260
Verity Universal Suspension Splint.... 359
What we may expect from the Roentgen Ray in the future..... 154
Waldo Briggs, M. D., St. Louis..... 160
Waldo Briggs, M. D. St. Louis..... 412
Webb J. Kelly, M. D. Galion, Ohio.... 25

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Dear Doctor:—Enclosed find renewal subscription to the FORTNIGHTLY; it is one of the best journals I receive. Yours very truly,
J. J. FYKE, M. D., Odin, Ill.

Dear Doctor:—I am well pleased with the MEDICAL FORTNIGHTLY, and so send you my check for another year. Send also the *Lancet.*
Yours very truly, I. C. LOFTIN, M. D., Nashville, Tenn.

Gentlemen:—Enclosed find check for renewal of the FORTNIGHTLY, and also subscription for the *Journal of the American Medical Association.* Your journal is "all right." CHAS. M. BRUCKER, M. D., Tell City, Ind.

Dear Doctor:—Enclosed find my subscription for the FORTNIGHTLY. I regard it as an excellent journal, and enjoy, especially, your editorials against "quacks and quackery." Let the good work go on. I cannot get along without the FORTNIGHTLY. I take the liberty of suggesting, however, that you would give a little more attention to the country practitioner.
R. H. HARPER, M. D., Southwest City, Mo.

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THE MEDICAL FORTNIGHTLY is devoted to the Progress of the Practice and Science of Medicine and Surgery. Its aim is to present topics of interest and importance to the General Practitioner, and to this end, in addition to a well selected corps of Department Editors, it has secured correspondents in the leading Medical centers of Europe and America. News of Societies, and of interesting medical topics cordially invited.

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Editorial Department.

High Altitude Treatment of Pulmonary Diseases.

HIGH altitude treatment of pulmonary diseases has, within a few years, become an important feature in the therapeutics of these affections. The annual appearance of one or more new remedies, or the exhibition of already well known drugs in heroic doses; their wide-spread trial and prompt abandonment, has left us with nothing of so much value as the subtle influence of the rarified air of elevated regions. The essential characteristic of the atmosphere of high altitudes is that of a stimulant; which together with its mechanical influence in distending the pulmonary air vesicles, and its aseptic properties, comprise, so far as known, its principal therapeutic properties. The advice of many eastern physicians, when sending patients into the western mountains, "To take all possible out-door exercise, climb mountains, ride horseback and avoid doctors and drugs," has sacrificed many lives, erroneously attributed to the climatic influences.

Experience has proven that there are, in fact, very few phthisical patients who cannot safely go into the Rocky Mountain regions of Colorado, New Mexico or Arizona, even in the advanced stages of the malady, providing the reasonable precautions are taken to approach the higher ranges

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gradually, after intervals of weeks spent at elevations of 3,000, 4,000 or 5,000 feet, and a studied avoidance of active exercise upon their arrival.

It cannot be expected that patients will make perfect recoveries in the Rocky Mountains, whose lung area is extensively involved, and the general system infected with the tuberculosis processes, as well, yet it is not an uncommon experience of the west-bound traveller to see consumptive health seekers left at way-side stations, unable to proceed farther, as the elevation increased; invalids for whom there is no hope of recovery, yet who were allowed to undertake a long, exhausting trip across the continent, at a period of their disease when death was imminent.

It has been determined by resident physicians of the Rocky Mountains that only those valvular cardiac diseases which are not compensated or where there is serious degeneration of the heart's walls, are injured by high elevations. Functional disturbances are not exaggerated, and that form of disease in which hypertrophy of the right side is associated with emphysema asthma or chronic bronchitis, is distinctly benefitted by residence at a high altitude. This is contrary to the prevalent teachings of ten years ago, but observation has established it.

Physical rest is the *sine qua non* in the beginning of high latitude treatment, if the phthisical patient would receive the greatest possible benefit. The diminished atmospheric pressure porportionately diminishes the resistance to the intra-pulmonary blood pressure and predisposes, in so much, to hemorrhage, the danger of which is obviated by a corresponding decrease in the force of the heart's beat, in the patient at rest, the rate at the same time being increased.

It has been found by Colorado observers, that absolute rest in bed, for days or even weeks, for those advanced in the disease, and recently arrived at a high altitude, reduces the fever, slows the pulse, and improves the digestion. Probably no procedure is of greater aid in acclimatization of a patient or acts more promptly or successfully than the observance of absolute rest, in the beginning, followed by a gradual return to the habits of activity to which the patient was equal before the enforced rest.

Cases are on recond in which the temperature regularly declined from 102.5 to normal; the pulse rate from 130.35, to 100, and the respiration from 35 and 40 to 18 and 20, in seven days, with refreshing sleep, improved appetite and digestion and diminished cough, by the absolute rest treatment, without medication.

Violent exercise of a diseased lung is no more rational than would be the manipulation of a broken bone and the results that seem to follow absolute rest as the initial step in the treatment of phthisis by high altitude, followed by a gradual return to physical activity, are encouraging. H. W.

Revival of the Index Medicus.—All students in medicine will rejoice to learn that the requisite amount has been guaranteed with which to carry on the work of publishing this great book, and the first number will soon be out. Send subscriptions to Geo. S. Davis, Detroit, Mich.

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Character in Medical Men.

IN A composite character study of medical men could be delineated, it would reveal, we believe, one akin to the character of Dr. William MacLure, the hero of Maclearn's truly great, good and beautiful stories, related under the title of "Beside the Bonny Brier Bush." If a physician wishes hope and encouragement under the stress of a busy practice, if he wishes recreation and enjoyment such as can be had in general reading, or if he wishes to study for the pure literary value, a gem in literature, let him read Ian MacLaren's "Beside the Bonny Brier Bush." Here, in the character of William MacLure, is to be found an ideal worthy of imitation. For the greatness, the goodness of such a man, whether it be in the physician of Drumtochty or in the practitioner amid the luxuries of a first class city practice, the manhood is the same. Instinctively, almost, respect and love are accorded such a man; his goodness crowns him with those characteristics destined to live after him and not be interred with his bones. As before said, we have that lofty conception of the medical men, in general practice, in our country, which leads us to say that if a composite character sketch could be made of them, this sketch would approach, we believe, MacLure. How ennobling is such a man, going about his work, not stooping to organize against a brother practitioner, not bickering with cliques, nor striving in ways that are mysterious to boost himself into prominence, at the expense of his follows. No! he would not stoop to such a level; duty, in his vocabulary, means striving to serve his master by looking after humanity in distress. Such an ideal character study as MacLure is possible in the real in every physician, if he will sink self and strive to live to fulfill his mission, viz: that of a physician.

In line with the above sketch we copy from the *Medical Record* what MacLearen (Rev. John Watson) has to say regarding his creation of this character:

"At a recent dinner given by the Liverpool Medical Institute, the novelist was asked to make a speech, and he paid a tribute to the medical profession which we hope and believe is deserved. We publish it because it should be read—as should the story of Dr. MacLure. 'One is to answer a question that has been ofton and fairly asked—was there ever any doctor so selr-forgetful and so utterly Christian as William MacLure?. To which I am proud to reply—on my conscience, not one man but many in Scotland and in the south country—I will dare to prophecy also across the sea. It has been one man's good fortune to know four country doctors, not one of whom was without his faults—Weelum was not perfect—but who each one might have sat for my hero. Three are now resting from their labors, and the fourth, if he ever should see these lines, would never have identified himself. Then I desire to thank my readers, and chiefly the medical profession, for the reception given to the doctor of Drumtochty. For many years I have desired to pay some tribute to a class whose service to the community is known to every country man, but after the tale had gone forth my heart failed. For it might have been despised for the little grace of letters in the style, and because of the outward roughness of the man but neither his biographer nor his circumstances have been able to obscur e

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MacLure, who has himself won all honest hearts and received afresh the recognition of his more distinguished brethren. From all parts of the English-speaking world letters have come in commendation of William MacLure, and many were from doctors who have received new courage. It is surely more honor than a new writer could ever have deserved, to receive the approbation of a profession whose charity puts us all to shame.' "

F. P. N.

The Future of Brain Surgery.

IT IS only within recent years that attempts have been made to do real scientific work in brain surgery. It is yet in its developmental stages, due to the incompleteness of cerebral localization. The technique has been much improved, and so far as opening the cavity is concerned the danger is now very little, indeed. We expect to see this department of surgery thoroughly established within the next decade. In order to perfect diagnosis, the very basis of brain surgery, a neurological training will be necessary. For the diagnosis of diseases of the brain is difficult and baffling enough even to those familiar with such diseases, and is proportionately more so to the surgeon, who sees less and less of such cases. To diagnose brain tumor requires the physician to face and overcome problems decidedly perplexing and difficult. The reason for this is, that signs and symptoms have to be studied in combination, and in order to make a diagnosis requires, first, a general study, then an unfolding, as it were, of this combination, giving proper significance to each symptoms, and making explicable the symptoms which have caused trouble in the proper recognition and assignment of value. The wider the experience of the physician in diseases of the brain, the greater will be his familiarity with the forms of disease within the range of surgical interference, and as a consequence enable him not only to diagnose more successfully, but operate as well, inasmuch as his training has included the minute and general antonomy of the brain. We believe brain surgery will be a part of the work included in the field of neurological practice. Every neurologist should be a brain surgeon, but only after a thorough training in the technique of surgery and a thorough study of the gross and minute pathology of the brain. The writer's experience has shown him that we need more experimental physiological study of the brain, more pathological inquiry into diseases of the brain, and more careful recording of clinical observations, in order to extend the field of brain surgery.

F. P. N.

THE PRACTITIONERS' and the Doctors' Clubs, of Chicago, have joined forces under the name of "The Physicians' Club." It will be the most formidable organization of its kind in that city. Four thousand dollars have been subscribed towards founding a permanent home, the contributors being Drs. Henry Byford, Nicholas Senn, F. Henrotin and E. J. Doering. The membership is limited to two hundred and fifty. The genial Dr. W. H. Wilder is the secretary of the new organization.

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Colorado's Resorts.

THE Colorado State Board of Health has undertaken to make a catalogue of the health and pleasure resorts of that state, for the mutual benefit of visitors, and residents of Colorado as well. This little brochure is intended to embrace all the information important to tourists; accuracy being the principal feature aimed at. The subject matter is being gathered from physicians who reside at the different points to be described in the catalogue, men whose probity can be relied upon, even when beset by the temptations incident to setting forth the peculiar advantages of a health resort.

This compilation, when issued, will contain the names of the town, camp, cabin or ranch; the county where located, nearest town, its population and distance; nearest railroad: owner's name and postoffice address; number of people that can be accommodated, with cost of board and lodging per week; part of the year available and altitude, together with any special attractions, such as scenery, mineral springs, hunting, fishing, &c.

It will be of the greatest service to the thousands of visitors who go to Colorado yearly, and having upon it the endorsement of the State Board of Health, will be justly regarded as more conservative and trustworthy than similar leaflets sent out by the railroads and fashionable resort hotel companies.

H. W.

The Young Man in Medicine.

IT IS no longer a crime to be a young man in medicine. Now, the underling of less than ten years' practice, can hold up his head and speak, and his words are listened to with, at least, respect by his all-wise superiors. He can be heard as well as seen, and what is better, practice his profession, purely on merit, even if he has not yet risen to the dignity and ability of wearing a beard. No longer does the wisdom of years stand for the embodiment of all medical knowledge. No! the graduate of nine-six, with his laboratory and bedside instruction; his practical clinics and thorough demonstrations will be prepared to give an exciting race with his competitor, who believes the "bug theory"—a lot of tomfoolery, and who practices surgery with a great deal of skepticism regarding the new ideas, which do not permit of "laudable pus" as a part of the healing process.

The laity, too, are commencing to appreciate "the young man in medicine;" they believe he is the latest revised edition, and is entitled to recognition. Sometimes he is thumbed merely, to see what is in him; if he is easily read, the chances are, he will have to be re-revised, but if he is not found wanting, his success is assured. Rightly does the young doctor, believe in his ability, for the patient training, the hard work during his graded course of instruction, has fortified him with knowledge, with which he is able to fight the fight for recognition.

It is the young man who is doing the work which makes progress in medicine; for it is true today as it was in the time of Jenner, that the man past forty-five does not accept new truths, and as a consequence the work in progress must be done by the young man. Look about you in your own

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community, dear reader, and see if this is not true. Does not Doctor A. who has been in practice thirty years, rather boast of the fact that he does not believe any little "bugs" ever caused consumption. Does not Dr. B. look with disdain on young Dr. C., because he always is particular about antiseptic and aseptic precautions in labor cases? Dr. B. says, "I have but a few cases of puerperal fever now, where I used to have many, I don't use your listerine, &c.—let young C. alone, and he will have his Waterloo yet, with his effeminate cleanliness." Young Dr. C. goes on his way, his work proves the correctness of his belief—and the laity appreciate it too; the result is, Dr. B. is not "in it" any more. So it goes, in other departments of medicine. As an example, take children's diseases; see what strides have been made along this line, during the past ten years, with which progress, the young man in medicine is in touch. As a result, he can inform you all about infant feeding, the hygienic care of an infant, and if he has enjoyed the advantages of a maternity training, can teach even mothers new things about nursing a child.

The writer believes that the young man in medicine needs but the chance to show his worth — his training and ability— to make happiness and health a power in the community in which he practices. Not that the man who has stood by the helm at all hours of the night, driven through storm, and stood the vigil for hours, is not worthy of all the confidence and trust which is put in him. For such a man stands just a little lower than the angels, in the writer's estimation. But give credit to the young man, not so familiar with the outline of the coast of disease, because of having been by it, time and time again, as has the old pilot, but who sees danger by the more perfected methods of scientific investigation, which detects without seeing, thus enabling him to steer clear of shoals and bars, and to land his charge safe in the harbor of health, perhaps, even more advantageously and successfully than by the old methods of the old pilot. Broad is the field of medicine, and hard is the work; rightly, then should the young man take up the burden in the heat of the day, and carry it until the setting sun tinges his locks with the mellow tint of eventide, then resting on his well earned honors, let him give to him who comes after (the young man in medicine) the credit to which he is entitled. Just and deserving then, will be the blessing, "well done thou good and faithful servant," enter thou upon the enjoyment of thy reward. F. P. N.

Dr. Bransford Lewis, of this city, edits the department of local anaesthesia in *Treat's Annual*, 1896.

AT THE December open meeting the St. Louis Academy of Medical and Surgical Sciences, Dr. Robert C. Helfleblower, of Cincinnati, was the essayist of the evening.

Dr. R. C. Blackner, editor of the *General Practitioner* and professor of medical jurisprudence in the Barnes Medical College, has just been commissioned State medical examiner of the Royal Arcanum. We congratulate him.

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The Reviewer's Table.

THE AMERICAN TEXT BOOK OF OBSTETRICS.—By American authors. Edited by Richard C. Norris and Robert L. Dickinson, with Nearly 900 Colored and Half-tone Illustrations. Price $7.00, Cloth; $8.00, Sheep; and $9.00, Finest Edition. Philadelphia: W. B. Saunders. For sale by subscription only.

This magnificent book, truly in keeping with the rapid advance in book making in America, is the most complete, thorough and artistic work on obstetrics ever published in any language. Dickinson, whom we know personally, is an artist as well as a physician, and is especially fitted to illustrate a work on obstetrics, it being his specialty. His complete drawings, valuable because of their clearness and being drawn to scale, greatly enhance the value of the text, which indeed, is concise, thorough and truly representative of American obstetric Science. The Jewett, Kelly, Norris, Palmer, Parvin, Piersol, Reynolds and Schwarz, are among the foremost teachers of obstetrics in the United States, and their work is designed to reflect recent progress in this line, also, to present to the student the science clearly, and to help him grasp the mechanics involved, as well as to get the principles of obstetric surgery free from their usual complexity. The work is well done and the book deservedly stands today at the head of text books on obstetrics. As a guide for the practitioner it will hold first place also. It should be in the library of every physician doing obstetric practice. We bespeak a large sale for this volume.

MATERIA MEDICA AND THERAPEUTICS.—A Practical Treatise with Ecpecial Reference to the Clinical Application of Drugs. By John B. Shoemaker, A. M., M. D., LL. D., Professor of Materia Medica, Pharmacology, Therapeutics, and Clinical Medicine, and Clinical Professor of Diseases of the Skin in the Medico-Chirurgical College of Philadelphia; Physician to the Medico-Chirurgical Hospital, Philadelphia, etc., etc. Third Edition, Thoroughly Revised. Reset with New Type and Printed from New York Electrotype Plates. Royal Octavo, Pages ix. 1108. Extra Cloth, $5.00 net; Sheep, $5.75 net. Philadelphia: The F. A. Davis Co., Publishers, 1914 and 1916 Cherry Street.

We congratulate the author on his thorough revision of this most excellent treatise. One volume may embrace all the essentials of materia medica and a sufficient elaboration of clinical therapeutics, so as to make it more of a students' guide than formerly. The application of drugs is placed in the author's usual clear and concise style, with which the reviewer is familiar, both as pertains to the lecture room and in literature. We think everything is up to date excepting animal extracts. He has not folloewd up the thyroid extract as fully as he might. Nothing is mentioned of its use in cretinism, a practice which has been in use nearly two years. We commend the book as a safe guide to the student and a reliable reference book for the general practitioner.

DISORDERS OF THE MALE SEXUAL ORGANS.—By Eugene Fuller, M. D., New York, Instructor in Genito-Urinary and Veneral Diseases in New York Post-Graduate Medical School, etc. Philadelphia: Lea Brothers & Co.; 1895. Why the author has entitled this book

"Disorders of the Sexual Organs," does not apear from an inspection of its contents, since it refers only to the seminal vesicles and their diseases. Nevertheless it is an interesting work and one which, in view of the large and profitable amount of work done in this field of late years, is timely and well needed. The conscientiousness of the author and his endeavor to present most graphically and accurately the conditions treated of, appear in the care ful and painstaking dissections described, together with their portrayal in the numerous half-tone photographis reproductions reproduced. Yet it is probable that much would be added in the way of force and clearness were some of these made more diagramitic, or even replaced with diagrams. In the eight chapters of the book, the anatomy, physiology, pathology, clinical features, differential diagnosis, treatment and prognosis, and illustrative cases of seminal vesicular disease are considered successively. The trend of modern specialists to look on these affections as real, important and not uncommon, is well interpreted and convincingly stated. As usual with first editions, the typography is not free from errors. The author himself, curiously enough, on pages 19 and 39, speaks of the prostatic pleaxus of veins as the pampiniform plexus. These may of course be eliminated in another edition of this very creditable little book.

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AMERICAN YEAR BOOK OF MEDICINE AND SURGERY.—Edited by George M. Gould, A. M., M. D. Published by W. B. Saunders, Philadelphia.

In view of the needs of a compact volume, containing a resume of the annual medical literature, carefully selected and especially designed for the general practitioner, Mr. Saunders has decided to establish the publication of the American Year Book. The work will be issued January 1, and will be comprised in a single volume, replete with original and selected ilustrations, skillfully reproduced in Mr. Saunders' own studios. We bespeak a warm reception to this work and as it will be in keeping with Saunders' publications, this alone means it will be first class.

THE ANNUAL OF THE UNIVERSAL MEDICAL SCIENCES.—Edited by Chas. Sajous, Assisted by a Corps of Editors. Five Volumes. Philadelphia: F. A. Davis & Co.; 1895.

This magnificent review of the progress of medical science for the past year comes to us full of valuable information. The compilation embraces that which will interest not only the general practitioner, but the specialist as well. What opthalmologist could wish for a more thorough epitome of his branch than that given by Oliver, and again the review of medicine and of surgery seems to us especially complete. We think the value of this great work is unappreciated by many physicians, who purchase one set, never refer to it, and refuse to buy more. They should have the entire number of sets from the beginning. Then as a reference book of medical science they would have the best. It is "handy" in its makeup, and can be referred to in an instant because of its complete index. Every physician should have the "Annual" in his library, use it, and in that way find out its value to him.

THERAPEUTIC SUGGESTION IN PSYCHOPATHIA SEXUALIS.—By Dr. A. Von Schrenck, Notzing, Munich, 1895. Translated by Charles Gilbert Chaddock of St. Louis. Philadelphia: The F. A. Davis Co.

In neuroalogical practice the sexual factor has long been recognized as of greater importance than is usually accorded it by the average physician. More mental and physical distress is occasioned by such functional disturbances than from any one cause. From an extended experience among the neuroatic and defective, the reviewer has learned to respect the greatness of the sexual system, as a controlling agent in the general welfare of mankind, be its influence a conscious or unconscious one, to the individual, it nevertheless is present. If conscious, then I know of no better treatment than that of suggestion. If it be an unconscious subtle agent, we must be guided by circumstances, and suggestion will be of great help to us. eW can indorse this book and recommend it to the general practitioner, as well as to all interested in neurological practice, because of the great help it can give in the treatment of sexual cases. One objection we have to this class of literature is that it is read too much by the laity.

HARE'S TEXT BOOK OF PRACTICAL THERAPEUTICS.—A Text Book of Practical Therapeutics; with Especial Reference to the Application of Remedial Measures to Disease and their Employment upon a Rational Basas. By Hobart Amory Hare, M. D., Professor of Therapeutics and Materia Medica in the Jefferson Medical College of Philadelphia. With Special Chapters by Drs. G. E. de Schweinitz, Edward Martin and Barton C. Hirst. New (fifth) Edition, Thoroughly Revised. In One Octavo Volume of 740 pages. Cloth, $3.75; Leather, $4.75. Philadelphia: Lea Brothers & Co., Publishers, 1895.

This book is one that is almost too widely known to need commendation. It recommends itself. The fact that it is a fourth revision of a work that, in its first edition, was considered one of the best, and also the call for five editions in as many years, certainly speaks highly for its popularity. The present edition has been carefully brought up to date through thorough revision and the addition of the latest advances in therapeutic knowledge, even so recent a remedy as the antitoxin for diphtheria, being discussed at length. The contents are classifield in four general divisions: (1) general therapeutic considerations; (2) drugs; (3) remedial agents other than drugs; and (4) diseases, symptoms and treatment. A very serviceable therapeutic index has been added which suggestively presents a list of remedies with brief comment, under the headings of the various diseases. Dr. Hare has a most happy faculty for telling you exactly what you wish to know. This is a feature of his book and the secret of its success. We know of no more practical work.

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Original Department.

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Clinical Lecture

On Congenital Fistulæ and Sinuses at the Umbilicus.

BY ROSWELL PARK, A. M., M. D.,

Professor of Surgery, University of Buffalo.

Being Part of a Clinical Lecture Delivered at the Buffalo General Hospital.

GENTLEMEN.—The opportunity which is afforded me today of showing you an interesting and rather unusual form of lesion shall be my excuse for a talk to you on the general topic of sinuses and fistulæ of the umbilical region. The patient is a young woman of 30, married; otherwise in good health; who says that in the past two or three years she has been more or less annoyed by constant discharge from a small opening at the umbilicus. This discharge is never copious, nor is it ever fecal in character; still less is it urinous. It is rather a seropurulent or mucopurulent material, which is sufficiently acid to cause excoriation about the part unless constant attentian is given to cleanliness and to proctection of the skin. In other respects she is in perfect health; nor does she present any other lesion nor anomaly which would attract attention. This is, in fact, her whole complaint. I have questioned her carefully as to the length of time that she has noted this discharge. She belongs to the ignorant class of people who are notoriously careless and indefinite; yet she positively denies that she has noticed this discharge for more than three years. This, then, would apparently take it out of the category of congenital cases; yet I have a strong conviction that it really belongs there, and for reasons which I will explain as I go on.

Granting, then, that this be really a lesion of congenital origan, let me state that it is in all probability one of three of these congenital conditions which I will mention in the following order:

1. Dermoid cyst or tumor.
2. Persistent omphalomesenteric duct.
3. Persistent or pervious urachus.

And, first, of the dermoids. A dermoid cyst may be defined, as you know, as a cystic inclusion, containing elements or products analogous or akin to, or identical with those which are produced from the epiblast, and which are, consequently, known to have no other possible origin. This is one of the regions at which congenital infoldings of the epiblast can easily occur, although the fact that they do not occur here so often as at certain other

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points simply makes their occurence relatively more rare. The cavities of dermoids in this region contain, as a rule, much pulaceous matter; and when we examine their walls carefully, they will usually be found to contain some of the dermal elements, such as sebaceous glands, although hairs are rarely found. Some of these dermoid cysts protude from the umbilicus; while in other cases they are sunk or enclosed within the thickness of the abdominal walls. The true dermoid of this region is not likely to be complicated with either of the other included in the above list, but is likely rather to be free from such complications. It is quite possible that such a tumor may have been latent within the thickness of the abdominal wall for months or years, and then have been stimulated into some extra activity by external irritation, or by unknown influences; in consequence of which even at this late period of life, discharge or dermoid elements might occur, and the cavity which had so long remain closed, finally opened for the purpose of emptying itself. Such dermoid collections, however, are constantly filling and discharging; and, while the effort is toward evacuation, spontaneous cures are rarely if ever, obtained.

2. The second condition—namely, that of persistent omphalomesentric duct—is one more rarely met with. It will be well, then, if I explain to you a little with regard to the anatomy of this duct. It is originally the communicating passageway between the portion of the original yolk-sac remaining outside of the body and that internal portion of it which is to develop into the alimentary canal. The external portion of this original yolk-sac is known after the first few weeks as the umbilical vesicle, and its function is to provide nutrition to the embryo until the time of the formation of the allantois. The original vesicle is, in the first place, a mere part of the general cavity of the blastodermic vesicle, but later becomes divided into two portions. The constricting ring which divides them is the opening in the abdominal walls, later known as the umbilicus; while the communicating passage is at this time known as the omphalomesenteric duct. The external portion of the original vesicle is of short duration and relatively small importance, since the nutrition which it supplies to the embryo is small in amount and needed for but a short time, until it can obtain it from the uterine sinuses of the mother by means of the developing chorion. You will remember that two of the original arteries of this vascular area pass through this umbilical opening, and are known as the omphalomesenteric arteries. The usefulness of the umbilical vessel is dissipated by the allantois, although it remains visible until the fourth or fifth month, along with the vessels just mentioned. Later, these become completely atrophied, or at least should normally disappear. In rare instances, however, this omphalomesenteric duct or vitello-intestinal duct, as it is also called, fails to obliterate as, according to the ordinary program, it should; and thus it happens that individuals are born with this minute and original communication more or less patulous and showing little, if any, tendency to close. These, then, are the cases which we speak of as persistent vitello-intestinal duct. One such as that I have recently had to operate upon, in this room, in the person of a young man, a college athlete, who could not remember when he had been free from the annoyance of a little discharge from the naval. A probe could be passed

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down through a minute opening, in his case, to a distance of three inches; after which there seemed to be some abrupt alteration of direction, and it would go no further without giving him serious pain. The operation in his case consisted of an incision in the middle line, and of a careful dissection; by which there was exposed a tubular communication with some central portion of the small intestine, opening into a small diverticulum, and then abruptly into the bowel. The operation further consisted of the complete exsection of all this duct-like passage with its surrounding tissue, and with intestinal suture at the point where it had communicated with the intestine, after exsection by myself. Recovery was complete and satisfactory.

I remember also another younger patient, a little Italian child, in whom I had to deal also with a communication of this character, there being more or less constant fecal discharge from the umbilicus. Here, however, I found the parts so altered that a recognition of the exact original condition was impossible; but that which obtained at the time of adhesion of the intestine to the posterior surface of the umbilical region, and patulous communication, which, after being incised and enlarged, we found to be a four-fold or a four-way opening, since the finger could be passed in four different directions, or since four different tubes could be introdoced at the same time into as many different sections of the bowl. I have never been able to quite straighten the matter out in my own mind, although the child died later of emaciation and tuberculosis; but it was evident at the autopsy that at least two of these openings led into the lower part of the general peritoneal cavity, which was so altered in its texture and by the constant presence of fecal matter that the original serous membrane partook rather of the character and appearance of the mucous lining of the large intestine. It was also of extreme interest to me to find a number of long and living worms, which had escaped from the intestine and were living loosely in this cavity. I interpreted, however, the peculiarities of this case as having been originally one of this general nature of persistent vitello-intestinal duct, with subsequent changes due to the general tubercular infection and the presence of intestinal parasites leading eventually to tubercular ulceration and escape of the intestinal worms into the cavity which had been practically prepared for them by previous changes. It is a well established, though not a well known fact, that through tubercular ulceration of the bowel intestinal worms may escape into the peritoneal cavity without prompt fatality ensuing.

You must not think that remains of this vitello-intestinal duct are never found save in the complete condition already alluded to. Persistent remains may be found in the shape of little polypoid tumors presenting at the navals of young children, often bright in color and velvety to the touch, attached often by slender pedicles, and looking rather like berries or currants than like original fetal remains. On careful examination such tumors will be found to contain unstriped muscle fibre, the peculiar epithelium and follicles of the small intestine, etc. Sometimes such tumors are covered by integument, and then present as, and may be mistaken for, small umbilical herniæ. Like all other persistent fetal remains, such a persistent duct has around it more or less of lymphoid tissue. You are, therefore, not to decline to recognize the persistency of this fetal structure although it may present to you

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abruptly as a sinus communicating with the intestine. When, however, you have to deal with a fistula at this point, which discharges fecal matter, especially if you can learn that the condition is one which has dated from birth, you may be quite safe in diagnosing a persistent vitello-intestinal or omphalomesenteric duct.

Remember only that it is not necessary to have fecal discharge in order to have persistent remains of this duct, but that they may appear chorion,—i. e., with the placenta. That is, the urachus is the obliterated remains of this passageway, and at birth should have contracted into a dense cord, presenting only the obliterated relics of that which it once was. It occasionally happens, however, that complete obliteration fails, and then we may have a persistent urinary fistula, there being direct communication between the bladder and the navel, so that urine may escape from birth; or the original canal may have been obliterated up to a point near the naval, so that there remains but a blind relic of the original tube, which may be entered by probe from the umbilicus; or the upper may have been completely obliterated, leaving the lower portion still an annex to the bladder, or both extremities may have been sealed, while the intervening portion remains. In this last case it is common to have cystic dilatation, and error in diagnosis may easily occur, since such a tumor is distinguished with difficulty from one or more of the common forms of intra-abdominal cysts or tumors.

In this particular instance, there is nothing in the history indicating that urine has ever escaped from this opening, and the probe which enters the canal does not seem to take the downward direction which it naturally would were this a case of persistent urachus. I have, in fact, no thought that we have to deal with such a condition here, but have mentioned it as one of the things which you have to take into consideration when dealing with umbilical fistulæ

Of the three conditions thus described, I am inclined to eliminate the second and third and to feel that in the present case we have to do rather with a dermoid, not due to persistent remains of either of the two original fetal structures connecting either with the intestinal canal or the bladder. But, whatever it may be, it is a source of offence to her, and justifies the operation which I now undertake. The knife is used to make an incision some two inches in length, directly in the middle line of the abdomen, cutting through those dense structures which institute the navel. I do this in order that I may more completely explore that which is beneath. As I continue the dissection, using the probe, which has passed as far as it would go, as a guide, you will see that I open into a cavity whose walls glisten more or less, which is about the size of an almond and which contains a small amount of sebaceous material; in which, however, I confess I do not find hair nor other epithelial products. Neverthless, I think we may safely hold this to be a dermoid cyst of this region; and, after thus exposing the cavity and making a careful search with the eye with the probe end, in order to detect any extension of the passage or any pocket or sinus leading out of it, and failing in this search, I am confirmed in my impression of the dermoid character of the cystic cavity. You will see that I have not opened into the abdominal cavity, and apparently am not very near it. Consequently, I shall

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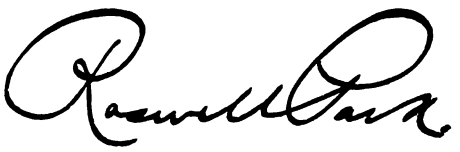
thoroughly scrape with this sharp spoon its interior, and remove every shred of its lining membrane. I then place three strong silk sutures, which are carried somewhat deeply through the skin and through the sac wall; shall introduce some gauze packing into the cavity; shall close the wound over it with the expectation of leaving it there for two or three days, of then on the third day untying the bowknots with which I tie these sutures; removing the gauze and finding the interior lined with commencing gratulations. In which event, I should tie the sutures permanently, expecting to get a speedy adhesion of these granulating surfaces and a prompt recovery without further difficulty.*



*The patient recovered in accordance with these expectations.

The Medical Fortnightly for 1896.

IT IS with pardonable pride that we say that the MEDICAL FORTNIGHTLY enters 1896 with flattering prospects for a useful year's work. The test of efficiency and usefulness of a medical journal is the service rendered to its patrons. With such a high order of contributions, of sufficient variety to keep the practitioner in touch with the developments in all lines of practice, and with reports of progress gleaned from the literature of medicine, it is evident that the FORTNIGHTLY is fulfilling its mission, namely, "devoted to the interests of the general practitioner." This journal has created many valuable features in medical journalism, which others have imitated, and with such consummate appropriation as to lead their patrons to believe they were uniquely creative, whereas, they are too utterly imitative. However, it is a pleasure for us to "set the pace," and we promise that "1896" will not find us wanting in features calculated to serve our subscribers. We will make our columns deservedly valuable, by having contributions of merit and practical usefulness. The advertising pages will be maintained upon a higher plane, and our readers will doubtless note with pleasure the absence of all objectionable "secret remedy" announcements in this issue.

REORGANIZATION OF THE ARKANSAS STATE BOARD.—The Arkansas State Board of Health was recently reorganized. Dr. H. C. Dunnivant was elected President to succeed the late Dr. J. I. Hancock. The members of the board now are Dr. H. C. Dunnivant, President; R. G. Jennings, Secretary; E. R. Dibrell, J. M. Park, G. W. Hudspeth and R. N. Ross.

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The Medical Fortnightly

The Descending Colon and Its Mesocolon in 160 Adult Autopsies.

BY BYRON ROBINSON, B. S., M. D.,

CHICAGO,

Professor of Gynecology in Post-Graduate Medical School.

[FOR THE MEDICAL FORTNIGHTLY.]

In 160 adult autopsies the average length of the descending colon was 7¾ inches. The longest descending colon was 11 inches and the shortest was 5 inches. In the last 135 autopsies there were two cases of mesocolon descendens. One of these was a case of mesenterium commune in a female 23 years old. The other was a male 84 years old.

The standard of measurement of the descending colon are the ligamentum phrenico-colicum sinistrum at the upper end and the lower end is where the colon crosses transversely the external border of the psoas muscle. The ligamentum phrenico-colicum sinistrum has passed through a variety of names, as saccus lienalis, the ligamentum costo-colicum, ligamentum coli-lienalis, but I have concluded to asume that the best name is ligamentum phrenico-colicum sinistrum. It is simply the left border of the great omentum, as Bochdaleck, Jr., in 1867 demonstrated. I found by investigations on embryos of an early age that the great omentum assumes relations with the transverse colon from right to left. Finally, at the left end of the transverse colon the great omentum merges into the fold of peritoneum which sustains the splenic flexure of the colon to the diaphragm. The ligament passes into the peritoneum which spreads over the diaphragm about the level of the tenth rib. I do not think the anatomical fact that the left border of the great omentum merges into the ligament and finally into the diaphragmatic serosa can be convincingly demonstrated in the adult. It must be demonstrated on young embryos where the key of development discloses the whole field. The ligamentum phrenico-colicum sinistrum is a broad double-bladed fold of peritoneum which not only supports the left flexura of the colon but also the spleen. The lower pole of the spleen rests on it and it sustains the colon at this point constantly in the condition of a sharp flexure or an acute angle. An ordinary ligament may be one inch long and two inches broad, yet it may be elongated to several inches, especially in rare cases of mesenterium commune, which extend to the mesocolon descendens. In cases, however, which I have observed, of so-called wandering spleen, the ligament is not particularly elongated, for the spleen glides over the anterior border of the ligament and the colon transversum so that the ligamentum phrenico-colicum sinistrum is a constant ligament and holds in a very constant, fixed condition the splenic flexure of the colon. So far as the lower end of the descending colon is concerned one point is easily determined and that is the point where the colon turns to cross the external border of the psoas. However, the colon varies very much as to what point it crosses the psoas and this variation is not wholly dependent on its length. The colon may cross the psoas on a level with the lower pole of the kidney or quite close to Poupart's ligament. The length of the colon descendens is the most constant, least variable and most fixed of any portion of the large bowel, as may be observed when the extremes of measurements in 160 cases were 11 and 5 inches. Treves states that he measured the colon descendens in 100 cases and found it 15 inches long in one subject. This must be an anomaly, as in our 160 cases only one measured as long as 11 inches, while two others measured 10 inches each.

THE MESOCOLON.

In 135 subjects carefully noted there were two cases of mesocolon descendens. The first 25 of the 160 cases were not carefully noted in each case and

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hence are discarded for this article. One of the two cases of mesocolon descendens was that of a 23-year-old female who possessed a mesenterium commune and so can be considered abnormal. This subject had an ascending mesocolon of 3 inches, also abnormal. The other was a male of 84, who also had an ascending mesocolon at the lower end of the bowel and is marked in our notes "really a partial mesenterium commune." Besides the mesocola and mesenteria elongate with increasing age. The two cases, then, which present a complete mesocolon descendens are certainly abnormal. The measurements in 135 subjects give no meso-colon descendens. A mesocolon descendens is abnormal. In 135 cases the notes show a partial mesocolon descendens at the lower end of the bowel six times, i. e., between the lower pole of the kidney and the point where the mesocolon descendens should cross the outer edge of the psoas there was a double bladed fold of peritoneum—a real partial mesocolon descendens. This partial mesocolons descendens is an anomaly of development at the lower pole of the kidney due to non-descent of the kidney. The kidney may be abnormally high. In rare cases there may be found a mesocolon descendens at the upper end of the bowel, i. e., the blades of the peritoneum may come in contact between the bowel and dorsal wall for a limited space. Opinions differ in regard to the existence of a mesocolon descendens. The reasons are (a), the bowel is examined in varied states of contraction and distension, and (b), it depends on what one means by a mesocolon descendens, as by a slight amount of dragging on the bowel a mesocolon descendens is soon made to appear, especially in spare subjects. (c), How close must the blades of peritoneum be to form a mesocolon descendens? The meaning I attach to a mesocolon descendens is that the blades of peritoneum must come in contact between the posterior surface of the bowel and dorsal wall without any dragging. They must naturally rest in contact. A tightly contracted descending colon (rigor mortis) and a widely distended one (paralyticus intestini) present very different conditions. The contracted bowel may have a mesocolon, but the bowel dilated may separate the meso-colic blades an inch or more. Lesshaft gives a mesocolon descendens in 6 subjects on an average (between the ages of 30 and 40); 1 in 4 subjects (between 40 and 50); 1 in 3 subjects. Toldt claims a mesocolon descendens 1 in 20 subjects. This shows as every one knows who does abdominal autopsies, that peritoneal supports elongate with increasing age, especially over 35.

Treves from the examinations of 100 subjects observes a mesocolon 36 times in a hundred, or about 1 in 3. Allingham claims 50 subjects in 60 have a mesocolon descendens. Symington declares that he never saw a descending mesocolon. Curling found 1 mesocolon in 3 in 20 infants at birth. Langer believed that the entire colon is surrounded by peritoneum in adults, but that the peritoneum is easily dragged off behind. Arnold described a mesocolon descendens but admits it to be short and deficient. Gray claims a mesocolon exists. Abey denies its existence. Hyrtl says it is incorrect to speak of a mesocolon descendens. The memorable Henle says no mesocolon exists and it is fixed by its posterior surface to the dorsal wall, by connective tissue. Quain's 9th edition claims the mesocolon descendens exists. Hildebrandt, Weber, Huschke, Sharpy, Ammusat, Bueno, Schmidt and Luschka assert that the posterior surface of the descending colon is not covered by peritoneum. Again, we have very cautious anatomists who say a mesocolon descendens may exist occasionally, that it is, however, an exception. Such anatomists as Malgaigne, Richert, Roser, Velpeau, Cruvelhier, Vidaldo, Cassis, Hyrtl, Luschka and Malgagaigne assert that one-fourth to one-third of the ascending colon is uncovered by peritoneum. This variation of opinion as regards a mesocolon descendens is merely an account of conditions of the subject and the belief of the examiner. There is no fixed standard by which measurements may be made. The extensibility of the descending mesocolon is very great and a mesocolon descendens can be made slight traction on the bowels. Besides, many anatom-

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ical text-books no doubt are based on the labors of a few original observers. In the past the existence or non-existence of a descending mesocolon was an important matter on account of the claims of performing colotomy extra-peritoneally when it was considered so dangerous to enter the peritoneal cavity. At present, when the serous cavity is entered with impunity it matters but little whether a mesocolon exists or not. The solving of the existence of a mesocolons descendens must be done by examination of embryos, foetuses, infants, adolescents and adults. The embryo and early foetus always has a mesocolon descendens. The problem to solve is how does the primitive descending colon lose its original mesentery. Again, the primitive mesocolon ascendens in embryos is always in the mid-dorsal region, while in the adult the mesocolon descendens is always at the external border of the kidney. The disappearnce of the mesocolon descendens is always a gradual process and is due to (a) the rapidly growing kidney appropriating the blades of the original mesocolon descendens to cover its newly increased surface; (b) the rapid growth of the abdominal wall demands peritoneum to cover it and the expanding abdominal wall finds it easy to appropriate a loose meso-colic blade; (c) the bulk of the rapidly growing liver and packet of small intestines forces the descending colon with its mesocolon toward the left; (d) the growth of the kidney is toward the left. So far as my investigations have proceeded among embryos the kidney gradually appropriates the mesocolon descendens until the third foetal month, when the mesocolon ceases to exist because the kidney has separated its blades and approached its posterior surface so that only mesoblastic connective tissue exists between the anterior kidney surface and the posterior surface of the descending colon. At the beginning foetal month the mesocolon descendens passes along the external border of the kidney. Nearly all anatomists assert the mesocolon descendens is attached along the outer border of the left kidney in adults. It may be stated with fairness that in the adult the colon descendens is not covered with peritoneum posteriorly and hence it has no mesocolon. We except of course cases of mesenterium commune.

THE WHITE LINE.

As the mesocolon descendens moves toward the left in foetal development one of two things must take place, viz.: (a), the left blade of the mesocolon must coalesce with the dorsal blade of the peritoneum, or (b), the left mesocolic blade and the dorsal peritoneal blade must shift with their angle toward the left, i. e., displacement occurs instead of coalescence. Hence, in the shifting of the mesocolon from the median line to the left edge of the kidney must be accomplished during intra-uterine life by means of coalescence or displacement of the peritoneum. Occasionally one finds at the left side of the mesocolon descendens a white line. Toldt believes this white line is a sign of peritoneal coalescence. I have made observations on scores of bodies, embryos, foetuses, infants and adults in regard to this line, but so far as I can see it is an uncertain and indefinite matter and seems to be a line which occurs at points where the peritoneum passes from a loose cellular bed of mesoblastic tissue to the abdominal wall where it is closely applied. In other parts of the serous cavity, where the peritoneum leaves an extensive bed of loose mesoblastic tissue to become closely applied to the abdominal wall one can produce whitish lines. The white line along the left base of the mesocolon descendens does not appear to me to substantiate peritoneal coalescence any more than it does peritoneal displacement. For example, I can see no white line at the base of the meso-sigmoid as it shifts from the mid-dorsal region to its usual location in the adult. Some anomalies of the mesocolon exist occasionally, although it is a very constant portion of bowel. A few times in a hundred subjects the upper end of the jejunum will pass for several inches intimately in contact with the right face of the mesocolon descendens at its upper end. It is congenital. It may have arisen from slight intra-uterine peritonitis and when the mesocolon descendens shifted toward the left it dragged the upper end of the jejunum with it.

The arteria colica sinistrum as well as the arteria sigmoidea are apt to

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project upwards folds of peritoneum, producing depressions on the right side of the so-called mesocolon descendens known as recessus peritonei. Inflammatory peritoneal deposits are frequently found in the recessus peritonei, pouches or pockets.

Another matter may be brought to notice, and that is the amount of cellular tissue which some anatomists allow to exist between the mesocolic blades to be considered a mesocolon. The mesoblastic tissue or subserous tissue is abundant, especially around the kidney (genito-urinary organs). This tissue keeps the right and left mesocolic blades at a certain distance apart. It is very yielding and elastic always, and hence this would be on another condition to produce variation of opinion as to the existence of a mesocolon descendens. In the descending colon there is a peculiar kind of rigor mortis which causes so much contraction that I have seen some of the narrowest constrictions taken for strictures, especially at the upper one-third.

The autopsies were taken as they came in Cook County Hospital. I was allowed the privilege of performing the autopsies through the courtesy of Drs. Hecktoen, Le Count and Edwards, pathologists, and by the kindness of the internes during the past two years.

Byron Robinson

DR. J. E. SHEPHERD, of Owensville, O., was thrown from his buggy and instantly killed, his neck being broken.

DR. DAVID D. STEWART has been elected Professor of Diseases of the Stomach and Intestines in the Philadelphia Polyclinic.

AT a meeting of the Commercial Club of this city, held December 28th, the subject of "Improved Hospital Service" was discussed. Drs. H. H. Mudd, Wm. Fischel and Otto Sutter, contributed papers to the program.

THE Committee of the Pasteur Institute has unanimously chosen M. Duclaux, former subdirector, to succeed M. Pasteur as director, and Dr. Roux as subdirector of the Institute. M. Duclaux, who is a professor at the Sorbonne, has been connected with the Pasteur Institute since its foundation.

According to the New York *Medical Journal*, the *Medical Reporter* of October 16th, contains an interesting report on severe vomiting and purging following wasp-"bites." Wasps must have learned a new trick since we were boys; but, perhaps, Indian wasps (the case was in India) utilize both ends when in pursuit of revenge.

The Medical News has been removed from Philadelphia to New York. Dr. George M. Gould retires from the editorial chair, and is succeeded by Dr. J. Riddle Goffe, of New York. We sincerely regret the removal of the *News* from Philadelphia, where it has so long been its representative journal. No doubt it will find a good home in New York, but as we have always associated the "*News*" with the city of brotherly love, naturally we dislike to see it removed. Further, we regret to see Dr. Gould lay down his editorial pen, for his fearless, ethical and apt editorials have been productive of great good toward the elevation of our profession.

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Correspondence.

LONDON LETTER.

Once more the schools have reassembled and the various societies have opened their doors, and medical work in London is in full swing, after the welcome summer vacation. Though there are no startling discoveries to chronicle, workers are active in the various departments, perfecting, and, we will hope, pushing forward to that ultimate goal of knowledge and truth which we are all seeking.

ANTI-CHOLERA VACCINATION.

From India a report has been received on Haffkine's anti-choleraic vaccinations, and some interesting facts are quoted relative to the manner in which they seem to have arrested the progress of cholera in particular houses. The cholera attacked fatally one member of a household, and two days later eleven members of the family out of eighteen were inoculated. It so happened that cholera again breaking out in the house, attacking four persons, three of whom died, selected four of the seven not inoculated, while the eleven inoculated remained perfectly free. In another instance a slight outbreak of cholera led to the inoculation of 116 persons in the district, out of about 200. After the inoculations there were ten cases of cholera, with seven deaths. All these ten cases of cholera occurred exclusively among the non-inoculated portion of the inhabitants, and not one of those treated with the vaccine was affected. Two vaccines are used, one mild and the other strong, and for a complete vaccination two inoculations are necessary, first with the mild vaccine, which produces some pain at the seat of inoculation, or discomfort and fever for about a day; after a period of five days the second inoculation takes place with the stronger vaccine, which produces a similar form of malaise to that caused by the first inoculation. The harmlessness of the treatment has been established beyond question.

A REMINISCENCE.

A good story was told by Sir Richard Quain, Bart., in a recent presidential address to the Northwest London Clinical Society, and may be given in his own words: "I was required by Mr. Wakley, the coroner, to make a post-mortem examination of a man whose story was this: He was a mason. He came in to his dinner, went to the scullery, washed his hands, and when he came out he said to his wife: 'It is all over; I have taken poison.' 'What have you taken?' 'Arsenic.' She hurried him off to the Western General Dispensary, where, as the resident medical officer was out, he was treated by two young pupils, very good fellows, who thought it was a very important case, and they would treat it pretty actively. They gave him tartar emetic, pumped out the stomach, and pumped oxide of iron into it, and a good many other operations they performed.

"The poor man was extremely ill, had vomiting, with profuse painful diarrhoea, and died in twenty-four hours. The beadle of the coroner went to the chemist and said: 'How did you come to sell this man poison?' He said: 'I sold him no poison; I though he was off his head when he came.' 'What did you give him?' 'Oh, I gave him some alum and cream of tartar, and labeled it "Poison."' He swallowed this. When I made the post-mortem examination, to my amazement I found a very great deal of arsenic in the stomach. This was rather puzzling. I said: 'If it is in the stomach, it ought to go further down.' So I searched the intestines, but there was no trace of arsenic anywhere. The simple explanation of it was this: These two young fellows, horrified to find the man had died without taking arsenic, pumped some into the stomach. It was a very remarkable case, and I might have had some hesitancy at first about it had not the quantity of arsenic been so enormous."

DIPHTHERIA ANTITOXIN AS A CULTURE MEDIUM.

For the bacteriological diagnosis of diphtheria, Wright & Semple suggest the preparation of a culture medium from diphtheria antitoxin. A small quantity of the antitoxin is to be poured into any clean—but not necessarily sterile—small wide-mouthed bottle. The bottle is to be brought into the horizontal position, and the albumin coagulated by laying the bottle sideways over the mouth of a steaming kettle. The surface of the coagulated scum is

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inoculated from the diphtheritic throat and can be incubated by carrying the bottle in an inside pocket.

ACTION OF ANAESTHETICS ON NERVES.

At a recent meeting of the Physiological Society Waller demonstrated the action of anaesthetics on the electrical excitability of the isolated frog's nerve. Carbonic acid gas produces a brief abolition or diminution, followed by prolonged augmentation of excitability. Ether produces a prolonged abolition, followed by recovery, while chloroform produces a prolonged abolition which is rarely recovered from. These experiments are somewhat suggestive with regard to the action of ether and chloroform on the whole organism.

Sir Joseph Lister, Bart., has been recommended for election as president of the Royal Society for the year 1896. He will also preside over the next meeting of the British Association.

RICHARD T. HEWLETT.

PHILADELPHIA LETTER.

At the County Medical Society Nov. 27 the question of a pay hospital for contagious diseases was discussed. It seems that the accommodations at the Municipal Hospital are not sufficient to meet the demands on it, and there are no special quarters for private patients. It would be an expensive undertaking to build a new hospital for this purpose, and the state would probably have to bear the burden. Along with this demand for a pay hospital comes the annual clamor for the removal of the Municipal Hospital from its present location. The residents of the vicinity are afraid lest they become infected with small pox, etc., and so they want the hospital somewhere else, and the people who live somewhere else don't want the hospital in their midst, consequently it will probably remain where it is.

Last week witnessed the opening of two laboratories, both designed for clinical research; a small but well-equipped laboratory in connection with the John B. Stetson Dispensary, in which physicians who so desire can carry on original investigations in pathology, bacteriology and chemical physiology. And then there is the very handsome Pepper Laboratory, which will be run for the benefit of the university and will not be open to the public, but will be devoted to the careful study of medical problems. The men who are connected with it are all young, but especially well trained, and they will be able to give their whole time to research. If opportunity to work and all the advantages of a well-equipped laboratory can make discoveries, Philadelphia should, in the next few years, startle the world.

Dr. John B. Deaver has probably had a better opportunity to study appendicitis than any other man now living. Last year he reported 61 cases operated upon, with one death; last week, before the College of Physicians, he reported 200 cases, with two deaths, so that in one year he has operated upon 139 patients. This record is remarkable. The German Hospital clinic, in which a great many of the cases are operated upon, has become a veritable appendicitis clinic. Dr. Deaver is still a young man, and one can be sure that in a few years his position will be among the foremost surgeons of our land.

Diphtheria still continues prevalent. At the city laboratory from thirty to forty cultures are received daily. Only a few of these, however, are new cases, but the physicians of the city are more and more disposed to have cultures made, notwithstanding the criticism levied against this method of diagnosis. The antitoxin which is being prepared at the laboratory is not yet ready for use, although an immunizing strength has been reached.

At a recent meeting of the County Medical Society Dr. Theophilus Parvin, who was explaining the Schleich method of producing local anaesthesia, caused a sensation by taking off his coat, rolling up his shirt sleeves, allowing an assistant to make an incision an inch long in the flesh and stitch the wound, the surface being first infiltrated according to the method described. When we think of the pre-anaesthetic days, when men had limbs amputated without flinching, this bit of heroism on the part of Professor Parvin is not such an awful thing,

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but doctors are proverbially afraid of their own medicine, and therefore the experiment on himself, rather than on some poor assistant or patient, was a very commendable act. Dr. Parvin predicted that local anaesthesia would in the future take the place of general anaesthesia to a very large extent, although the surgeons present were not inclined to agree with him.

M. V. BALL.

CINCINNATI LETTER.

Dr. William Osler of Johns Hopkins Hospital delivered an address before the Academy of Medicine Nov. 19. He spoke on "Higher Medical Education," and his principal plea was for a more enthusiastic support on the part of the general public in the way of the establishment of more completely equipped college laboratories. He expressed the opinion that the wealthy members of society could make no better disposition of their money than by endowing some of these institutions by reason of the great work they are doing for humanity in general.

David Eckstein, one of the wealthiest pioneers of Cincinnati, recently left $1,000 to the Home for Incurables.

The University of Cincinnati has at last perfected arrangements whereby it will have a completely equipped medical department.

Dr. F. W. Hendley, the superintendent of the Cincinnati Hospital, has recently been appointed surgeon of the First Regiment of Ohio, located at Cincinnati, vice Dr. L. C. Carr, resigned.

The students of the Medical College of Ohio have organized a society to be known as the P. S. Conner Surgical Society, named in honor of their distinguished and much beloved professor of surgery. Dr. Parley Phillips has been elected president.

The Laura Memorial College, which was endowed by the Standard Oil magnate, Alexander McDonald, in memory of his daughter, opened last month with a class of forty.

Two cases of farus has been discovered in the Children's Home.

A case of dislocation of the tibia and fibula forward on the femur was brought to the City Hospital last week. It was caused by a boiler explosion.

Christ's Hospital has been the recipient of a second donation of $5,000 from Mrs. Jane A. Gibson.

Dr. Bull, the originator of the Concord grape, and who lived in Concord, N. H., is dead.

Dr. J. E. Michael of Baltimore, President of the Medical and Chirurgical Society of Maryland and dean of the University of Maryland, died Dec. 2, of Bright's disease.

A testimonial of appreciation of the services rendered to the science of medicine by Dr. John S. Billings was given him by Philadelphia physicians recently in the form of a banquet at the Hotel Bellevue, and a check for $10,000, contributed by his admirers of this and foreign countries.

The Passavant Memorial Hospital of Jacksonville, Ill., is nearing completion. It will be one of the best equipped institutions in the West. Its operating room is the embodiment of all that is new in aseptic arrangements. Dr. W. H. H. King is the surgeon in charge.

The Journal of Experimental Medicine made its appearance January 1, 1896, under the editorship of William H. Welch, M. D., of Johns Hopkins University; publishers, D. Appleton & Co. It will be a quarterly and devoted to original investigation in physiology, pathology, bacteriology, pharmacology, chemistry, hygiene and medicine.

Canada has in times of peace prepared for war, by building two trains especially equipped for transporting the military. There are cars for cooking purposes, arms, stores, dining and sleeping cars, etc. Each train is made up of eleven cars, and can carry 300 men and 15 officers.

DENTISTRY IN NEBRASKA.

Nebraska has recently enacted a law regulating the practice of dentistry. It requires the registration of dentists, and their examination if they are not graduates from a reputable dental college.

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Reports on Progress.

Genito-Urinary Surgery and Venereal Diseases

BY BRANSFORD LEWIS, M. D.,

ASSISTED BY

J. D. NIFONG, M. D.

TREATMENT OF DIABETES MELLITUS.

Dr. West (British Medical Journal, August 24th, 1895; Montreal Medical Journal, November, 1895,) presents the results of his investigations on the action of uranium nitrate in diabetic patients. He commenced by administering the drug to a number of patients, beginning with small doses and gradually increasing them, watching the effect.

He found after a short time all the patients, without exception, stated that their thirst was greatly relieved, and the frequency of micturition and quantity of urine passed greatly reduced. As to the mode of action, we can only speculate. Dr. West thinks it likely that the action is due to the effect it has in checking the digestion of starch and of some forms of albumen, and in controlling excessive pancreatic digestion. As it is an irritant poison, care must be exercised in the prolonged administration of full doses; it may also cause the formation of albumin, which is due to its destructive action on the venal epithelium.

Chittenden states that if the albuminuria produced by a certain dosage is allowed to disappear by suspending its administration, the drug can then be given again and increased to ten times the amount before albumin again appears. He also thinks it possible that when an effect is once produced by the drug upon the disease, it can be maintained by continuing the administration in smaller doses.

He advises its administration in one or two grain doses, freely diluted with water, twice a day after meals and increasing the quantity at intervals of a few days until the effect is produced.

THE ALTERNATING TREATMENT OF DIABETES MELLITUS.

Bulletin de l'Academie de Medecine, Nov. 23, 1895; Boston Medical and Surgical Journal, August 29, 1895.

Dr. Robin, believing that in many cases of diabetes there is an over-activity in general, and in the hepatic cell in particular, the results of continuous nervous excitation, direct or reflex, recommends drugs which diminish the activity of this metabolism by acting primarily on the nervous system. He begins by a weak dietetic regimen. A careful quantitative analysis of the urine is then made and the amount of sugar noted. Should the sugar entirely disappear, no medical treatment is advised, but the patient is directed not to vary from a long time from the prescribed diet. Should sugar remain with dieting, a powder containing fifteen grains of antipyrine with eight of sodium bicarbonate is directed to be given twice daily, one hour before breakfast and before dinner, in a little mineral water. Cod liver oil in moderate doses should be taken with meals and a full dose of Rochelle salts as a daily morning purgative in the event of constipation.

On the fourth or fifth day this treatment is suspended and quinine, which is believed to lessen organic destruction, is prescribed in doses of six grains with the midday meal. It is directed to be taken for six days, then discontinued for four days, and again taken for four days. At the same time with breakfast and dinner is taken a cachet containing arseniate of soda, carbonate of lithium and codeia, all of which are supposed to diminish the activity of the tissues and retard nutritive mutations.

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The cod liver oil is continued, if well borne. After fifteen days the medicines of the second stage are dropped and the patient commences those of the third stage, namely, opium and belladonna, bromide of potassium, the alkalies, and valerian, all being "moderators of exchanges." These are administered as follows: For eight days a pill containing extract of opium, belladonna and valerian is given every six hours for the first and second days, every four hours for the third and fourth days, every three hours for the fifth and sixth days, and again every six hours for the seventh and eighth days. During this period the patient is directed to drink freely of boiled water containing about a dram of sodium bicarbonate to the pint.

The cod liver oil is discontinued, and if there is any intolerance of the opium or belladonna, bromide of potassium is substituted in fifteen grain doses. On account of the loss of inorganic salts in diabetes, the author endeavors to maintain the supply by a liberal use of green vegetables and by directing that salt be taken freely with the food.

If sugar is still present in the urine after the completion of this course, the series is recommenced. The return to ordinary diet must be very gradual, demanding at least six months or a year. Dr. Robin has treated 100 cases of true diabetes, in each case of which the excretion of sugar exceeded 3½ ounces in the twenty-four hours. Considerable and permanent amelioration, conditioned on careful dieting, with occasional resumption of the treatment, has been noted in 33 of these. In 24 cases a definite cure has resulted; in 25 recovery is still doubtful, and in 18 the results have been negative, or only temporary.

THE GONOCOCCUS AND GONORRHEAL MANIFESTATIONS.

Marcel (Transactions of the British Medical Society) in a very exhaustive paper on the gonococcus, its cultivation, differentiation and history, describes the various causes of non-specific urethritis, rectal and buccal blenorrhagia and the complications of gonorrhea, and gonorrhea as a general disease. His conclusions are as follows:

1. Gonorrhea is a specific disease, arising only from a previous case; the cause is Neisser's gonococcus, which can in most cases be differentiated by its various reactions.

2. Secondary infections play a great role in gonorrhea, and it has been proved that these secondary infections are responsible for numerous complications, both immediate and remote.

3. Contrary to what has been sustained, the gonococcus can pass the limits of the organ primarily inoculated, and can itself cause numerous complications, whether these are due to its deep extension, its ascension on the surface, or to its diffusion in the organism. The possibility of this diffusion is demonstrated by certain positive facts, at present limited in number, but which are continually increasing in proportion as the question is better studied; the frequency of this diffusion cannot yet be appreciated.

4. The role of microbic toxines, extremely probable for a great number of cases, but difficult of proof, remains yet to be demonstrated. — Charlotte Medical Journal.

CONCERNING THE ACTION OF THE DIPHTHERIA ANTI-TOXIN ON THE KIDNEYS AND ON THE HEART.

C. V. Kahlden made the folliwing experiments in order to determine whether or not the diphtheria antitoxin has any special effect upon the heart or upon the kidneys. He injected guinea pigs and rabbits with very large quantities of serum as compared with the body weight of the animals, and then, after one or more injections, the animals were killed and the kidneys and the heart muscle examined microscopically, after fixing and hardening according to the most approved methods. There were no changes to be found, either in the kidneys or in the heart muscle. V. Kahlden is not prepared to say from the results of these experiments that the serum might not aggravate the morbid process often present in the kidneys of human diphtheric patients, as the result of the elimination of the toxic properties of the diphtheria bacillus, but direct anatomic evidence of such an effect is still lacking.—Charlotte Medical Journal.

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Fortnightlettes

AN epidemic of the typhoid fever is prevailing at Randolph, O., due to an abandoned cemetery.

DR. J. E. LOWES, of Dayton, O., has been appointed Surgeon-General of Ohio by Governor Bushnell.

DR. W. H. DOUGHERTY, of Corinth, Ky., was thrown from his buggy on the 25th of last month, and severely injured.

DR. JOHN A. THROCKMORTON, of Houston, Texas, died December 27th. He was a brother of Ex-Governor Throckmorton.

DR. WM. H. WELCH, of the Johns Hopkins University, has been elected President of the Association of American Physicians and Surgeons.

DR. S. L. WYSZYNSKI, one of Detroit's most prominent Polish citizens, and widely known as a physician, was killed in a railroad accident in that city on November 21st.

DOCTOR, renew your subscription today, and secure a free copy of our Illustrated Art Brochure, just issued. Conceded to be the finest specimen of letter-press work and engraving ever produced in this city.

THE COLLEGE OF PHYSICIANS AND SURGEONS, of Minneapolis, has become the Medical Department of Hamlin University. By this union strength is added to the University, which is fast becoming one of the foremost educational enterprises of the Northwest.

THE annual meeting of the St. Louis Medical Society was held December 28th, 1895. After the reports of the retiring officers were read, the election of officers for 1896 was held. The following officers were elected: President, Dr. W. G. Moore; Vice-President, Dr. A. C. Robinson; Recording Secretary, Dr. J. Ellis Jennings; Corresponding Secretary, Dr. H. Cummings; Treasurer, Dr. A. R. Kiefer. The society is now in an excellent condition, and a prosperous year is promised.

SIX HUNDRED DOLLARS IN PRIZES.—The especial attention of our readers is called to the advertisement of the Palisade Manufacturing Co. with the above title, on front cover page of this issue. The prize contest which this well known firm announces will no doubt attract a great deal of attention, and result in the submission of many articles of merit on "The Clinical Value of Antiseptics, both Internal and External." The prizes are extremely liberal, and the well known professional and literary eminence of Dr. Frank P. Foster, the talented editor of the *New York Medical Journal*, who has kindly consented to act as judge, is a sufficient guarantee of the impartiality to be observed in awarding of the prizes. We are assured that there is absolutely "no string" attached to the provisions of this contest, and any physician in good standing in the community is invited to compete on equal terms with every other competitor. Further particulars as to conditions, etc., can be obtained by addressing the above named firm.

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Medical Melange

THE FORTNIGHTLY DINNER.

The annual dinner of the editorial staff of The Medical Fortnightly was held Thursday evening, Dec. 12, at the Mercantile Club, in this city. Dr. Bransford Lewis officiated as toastmaster. The following toasts were given: "The Doctor in Literature," by Dr. Goldstein; "The Doctor in Philanthropy," by Dr. Falk; "The Doctor in Science," by Dr. Summers, editor of The Cinique; "The Doctor in Music," by Dr. Jennings; "The Doctor in His Relationship to State Institutions," by Dr. Adams of Jacksonvile, Ill.; "The Doctor as a Citizen," by Dr. James; "The Doctor in His Relationship to Charity Hospitals," by Dr. Sutter, Superintendent of the St. Louis City Hospital; "The Doctor in Medical Journalism," by Dr. Norbury; "The Doctor in History," by Dr. Witherspoon, and "The Doctor and the New Woman," by Dr. Barker. Congratulatory remarks by Drs. Nifong, Hermann, Murphy, Engman and others.

This annual dinner brings the staff together for social and business purposes, doing much to encourage interest in the welfare and progress of "The Fortnightly." This journal is the only one in the West which has such a co-operative staff of editors, who work. In addition to the reports on progress and reviews, many of them contribute to the editorial writings as well. The "happy medium" is truly moving onward and upward. How could it be otherwise, with such a staff of workers?

DR W. H. WATHEN,

so long dean of the Kentucky School of Medicine, has resigned, and Dr. Samuel E. Woody has been appointed in his stead.

S. F. P. PORCHER,

of Charleston, S. C., an eminent physician and botanist, died Nov. 19th. He was the author of "The Resources of Southern Fields and Forests."

DRS. CHADDOCK. HENDERSON AND CRANDALL

have recently removed to new offices on Garrison avenue, near Lucas avenue.

DR. ROBERT F. WEIR

of New York was married recently to Mrs. Mary B. Alder of Chicago.

DR. JOHN A. WALKER

of Jacksonville, Ill., has been appointed surgeon to the Montana railroad, now being constructed in that state.

D. W. RAWLINGS

of 3415 Caroline street, St. Louis, representing the leading medical publishers of the United States, makes a specialty of supplying the profession with books on short notice.

DR. CARL BORCK

of this city, while answering a night call, November 27, was set upon by footpads. Fortunately he escaped without serious injury, even though the sandbag was used upon him.

DR. HENRY C. BOENNING

has been promoted to the chair of anatomy in the Philadelphia Dental College, made vacant by the death of the lamented Garretson. Dr. Boenning has for the past twelve years or more conducted the Philadelphia School of Anatomy.

DR. THOMAS McILVANIE

of Peoria, Ill., will revive his Peoria Medical Journal. The publication will commence January 1, 1896. It was discontinued during Dr. McIlvanie's temporary absence from Peoria. We will be glad to welcome its return to our exchange list.

DR. JOHN B. HAMILTON,

editor of the Journal of the American Medical Association, has made a report to the trustees, showing a prosperous condition of this great Journal. The property is now worth $10,000. The regular issue is 6,200, and growing. Dr. Hamilton says the present quarters are unsatisfactory and asks power to make a change as soon as practicabel. Dr. W. B. Atkinson has prepared an index of the Journal down to December 1894. It will not be published until the board determines how it shall be issued. We congratulate Dr. Hamilton and the association on the success of its Journal.

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Department of Railway Surgery

CONDUCTED BY

WEBB J. KELLY, M. D., GALION, OHIO.

Secretary American Academy Railway Surgeons.

PROCEEDINGS AMERICAN ACADEMY OF RAILWAY SURGEONS—

HON. TRACY C. BECKER, Buffalo, N. Y., then delivered an address on

SOME OBSERVATIONS CONCERNING THE LAW OF PRIVILEGED COMMUNICATIONS BETWEEN PATIENT AND PHYSICIAN, AS APPLICABLE TO THE DUTIES OF RAILWAY SURGEONS.

After thanking the Academy for the honor conferred upon him by inviting him to meet with them, he said:

"As I understand the status of the members of your body, nearly every one of you is under contract of regular employment by some railway company, by which, in cases of accidental injury to its employes or passengers, it becomes your duty to visit such cases and to give them the benefit of your professional knowledge and skill. If so, you are not, in the strict sense of the term, employed in your professional capacity by the party interested. It, therefore, becomes important for you to be informed as to how far any knowledge or information you may obtain while treating such patients can be disclosed without violation of your legal duties as prescribed by the statutes of the various states in which you perform those duties.

"It is a singular and not commonly known fact that under the English Common Law, while inviolable secrecy was required to be observed by attorneys with reference to communications which they received from their clients, no protection from disclosures in evidence in a court of justice was extended to communications between a medical man and his patient. The reason for this distinction has been said to be that the privilege was founded upon considerations of public policy in the administration of justice in the courts. Attorneys were a part of their system, while physicians were no part of that system, and while the compulsory examination of lawyers as to communications received by them from their clients would tend to discourage confidence between client and attorney and the suppression of truth in litigation, the disclosing of confidences given to physicians would in no way tend to

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weaken the administration of justice or to render it ineffectual.

"The harshness and inequality of this rule, and the danger which was liable to follow from a disclosure by medical men of what they learned from patients as to their past life and family history, and the cause and character of their injuries, disease and the like, have led to what was believed to be legislative reform in this country, and statutes have been passed in many of the states and territories restricting disclosures by physicians of information received by them while act-

Portraits are from latest photographs, engraved expressly for this magazine.

[Continued from page 688.]

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ing in their professional capacity. Up to September, 1895, the following twenty-five states and territories had statutes of this character, viz.: Arkansas, California, Colorado, Idaho, Indiana, Iowa, Kansas, Michigan, Minnesota, Missouri, Montana, Nebraska, Nevada, New York, North Carolina, North Dakota, Ohio, Oklahoma, Oregon, Pennsylvania, South Dakota, Utah, Washington, Wisconsin and Wyoming; while in the other states the rule of the English Common Law is still followed, and there are no restrictions upon such disclosures.

"In many of the states there is a declaration of the policy of the statute

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prefixed to it, and this declaration is to the effect that there are particular relations in which it is the policy of the law to encourage confidence and to preserve it inviolable, and that, therefore, the prohibition of the statute is laid.

"In California, Idaho, Minnesota, Montana, North Dakota, Oregon, South Dakota, Utah and Washington, the statutes are made to apply solely to civil actions. The statutes in other states make no distinction between civil and criminal actions. In some states, for example, in New York, the statutes permit of a waiver of the privilege after the death of the patient by his heirs or next of kin. In other states the power of waiver dies with him, and no one has the power of waiver after his death.

"In Arkansas the information must be a confidential communication. (Collins v. Mack, 31 Ark. 684.) But in other states the rule has received a broader interpretation, and the general tendency of the courts in those states is to give the statute broad scope and effect, and to bring within its restrictions every kind of information which the medical man gains while in attendance upon his patient about his case; and the proper test may be said to be whether such information would have been given him had he not been in attendance in a professional capacity. It, therefore, includes not only what the patient tells the physician as to the disease or injury, and as to the cause of the injury, but the physician cannot disclose what he learns by his own examination or investigation, or from statements made by the patient even in the presence of a third party. Hence it has been held that admissions made by a patient to his physician tending to show contributory negligence on the part of the patient at the time he received the injury are not admissible; and a physician has been prevented from disclosing whether his patient said that the car on which he was injured was in motion when he received his injury, because the injury would be likely to be more severe if the car was in motion. (Reynolds v. Burlington, C. R. & N. R. R. Co., 65 Iowa 152.)

"The fact that the physician does not prescribe for the patient or actually treat him, is immaterial, for the statute operates upon the communication itself and the professional capacity and presence of the physician. 'If the act is a professional act, it is within the scope of the law. Medicus Optimus, Medicamentum Minimum,' is the maxim used in one case to illustrate this point. (In the Matter of Freemen, 46 Hun. 458.) Charles A. Boston, Article on 'Privileged Communications,' in Witthaus & Becker, Medical Jurisprudence, New York, 1894.

"It has also been held by the United States Supreme Court that in cases

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triable in the United States Courts in states where, by law, such communications are privileged, the United States Courts will enforce, as a rule of evidence, the rule laid down by the statute in such state. (Logan v. U. S., 144 U. S. 263. Conn. Mut. Life Ins. Co. v. Union Trust Co., 112 U. S. 250.)

"Having thus explained briefly the statutory regulations concerning such communications and their scope and effect, the question suggests itself for discussion how far such rules apply to railway surgeons, who, in the employ of their company, visit patients and gain information after an accident or injury, while examining their cases and treating them in a professional capacity.

"I have no hesitation whatever in expressing the opinion that a physician acting in that capacity and under such circumstances, although not strictly in the employ of the patient necessarily gains his knowledge from the fact that his services are rendered in a professional capacity, and that, therefore, any knowledge or information which he might obtain under such conditions cannot be disclosed, except upon the express waiver of the patient during his lifetime, or, in states where that is permitted, by his legal representatives after his death; the single exception probably being that in an action against the physician for malpractice, if the patient testifies as to the manner of treatment, the physician is then at liberty to introduce his own testimony, or that of another physician, as to the facts thus put in issue by the patient. (Lane v. Boicourt, 27 N. E. Rep. 1111. See also, Winner v. Lathrop, 67 Hun 511.) And the rule in California is that where a physician is cross-examined by his patient calling for privileged matter, the privilege is waived. (Valensin v. Valensin, 14 Pac. Rep. 87.) But in a recent case in New York it has been held that although a physician is compelled to sue his patient for the amount of his bill, and the patient denies the employment, the physician cannot testify to what he did or prescribed for the patient. In New York a very analagous case to relation of railroad surgeon and patient occurred in the case of Grattan v. Met. Ins. Co., 24 Hun 43: Same case on appeal to the Court of Appeals, 92 N. Y. 274; where another person employed a physician to examine a patient and report, and it appeared that the person examined did not desire any knowledge as to his condition; yet the court held that, as the examination was made as a professional act, the relation of physician and patient was established between the physician and the person examined, even though there was only an interview. In another case in New York the public prosecutor sent a physician to a person for the purpose of making an examination, so as to obtain evidence against another person charged with crime, and the person examined accepted the services of the physician in his professional character; and it was held that the physician could not testify as to the results of the examination. (People v. Murphy, 101 N. Y. 126.)

"It is true that there have been other cases in New York, and perhaps in other states, which seem to vary this rule somewhat. In one case, for instance, where the physician stated that he was simply there at the instigation of another party to examine him, and not for the purpose of prescribing, and the examination was held in the presence of the patient's attending physician, it was held that the relation of physician and patient was not established. (Heath v. Broadway & S. A. Ry. Co., 8 N. Y. Supp. 863. See also, Henry v. N. Y., L. E. & W. R. R. Co., 57 Hun 76. People v. Kemmler, 119 N. Y. 580. People v. Sliney, 137 N. Y. 570.)

"In Missouri it was held that information as to the way in which an injury was inflicted is of the greatest necessity for successful treatment, and that it is information which physicians invariably demand and receive, and should be excluded. (Norton v. City of Moberly, 18 Mo. Ap. 457. Streeter v. City of Breckenridge, 23 Mo. Ap. 244.)

"If the rule be as strict as I believe and have stated it to be, it becomes a serious question for your consideration whether or not an effort should be made in the different states to have amendments adopted which shall modify the statutes somewhat in that particular.

"Speaking as a lawyer, I am inclined to think the rule as it now stands is a

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salutary one, so far as relates to ordinary diseases and mental and physical conditions; but that where a railway surgeon is furnished by the railway company and sent from place to place to treat patients without charge to themselves, if they knowingly accept his services and proceed to give him an account of the accident, and to disclose circumstances which would benefit the company by showing, in case of suit brought by him during his lifetime, or by his representatives after his death, that he had brought the injury upon himself by his own fault, the rule ought not to be so limited and restricted as to prevent the disclosure of what is thus learned.

"While it is, in a general way, as has been said above, important and essential to know the nature and cause of the injury to enable the physician to treat the injury properly, nevertheless it is not so absolutely necessary and essential that perhaps the only intelligent and truthful witness whom the railroad company could call to show by the admissions of the patient how his negligence brought about his injuries, should be excluded from testifying. This is a question which is peculiarly one for your own good sense and good judgment to determine.

"The theory on which admissions of a party to an action are admitted on behalf of his opponent, is that he would not tell what was against his own interests. For this reason Mr. Best, in his admirable work on Evidence, divides admission evidence into two classes, one of which he denominates 'self-serving evidence,' that is, declarations of a party in his own interests, which are never admissible; and the other of which he denominates 'seldisserving evidence,' being declarations made by a party against his own interests, which are generally admissible against him.

"To weigh and determine this question properly, you ought to consider whether anything in the interest of humanity and of the well-being of your patients would be concealed by them if they knew that you would be permitted to testify to it afterwards. If so, then the rule ought not to be amended, and you would be the last persons in the world to ask that it should be. On the other hand, if the probabilities are that in ninety-nine cases out of a hundred nothing would be concealed or untruthfully stated because the patient knew that his statements could be used against him, and that you would be able to treat your cases just as well and as fully and carefully and successfully, then the prohibition of the statutes, as interpreted by the courts, should be modified.

"It is doubtless true that the dictates of what was believed to be sound public policy led to the establishment of these statutes, but their conditions have often worked a perversion of justice in the courts, and will do so again; for example, in the case of the physician compelled to go into court to recover the amount due him for services; still in all statutory enactments in a free country, the test of the law must be whether it works the greatest good to the greatest number.

"Apply that test to the statutes under consideration in this paper for yourselves, and no doubt you will reach such a conclusion as will be eminently satisfactory to the dictates of professional etiquette, and to the duty that you owe to yourselves, your employers, and to public sentiment."

TRAIN SICKNESS.

Shaw Mackenzie of London advises the use of Sulfonal in cases of the so-called train sickness, or the sickness from traveling, analogous to seasickness, from which people of delicate organizations often suffer. The Sulfonal is given in doses of from five to fifteen grains and repeated according to the patient's condition. The same remedy might be tried just before embarking for an ocean voyage and the drug repeated later on as occasion served.—Journal of Medicine and Science, October, 1895.

THE SERUM OF MARAGLIANO.

The Italian minister of the interior has temporarily stopped the sale and use of Professor Maragliano's antitubercule serum, pending an investigation of its merits by the department of hygiene.

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Spirit of the Medical Press

THE ANTITOXINE TREATMENT OF DIPHTHERIA.

University Medical Magazine.

A careful weighing of all the evidence submitted upon the subject up to the present time seems to establish the following facts: That antitoxin is a curative agent far more efficacious in diphtheria than any remedy heretofore employed; that its injection is very rarely followed by serious local disturbances, such as abcess, and, perhaps, never when the preparation is pure and employed under antiseptic precautions; that a marked improvement in both local and general symptoms of diphtheria is noticeable within twenty-four to forty-eight hours after the injection of the serum; that the antitoxin has a decided influence in preventing the spread of the false membrane into the larynx and trachea; that the earlier in course of the disease the serum is employed the more favorable are the results; that it is distinctly more efficient in the fibrinous types of the disease than in the septic ones; that the liability to paralysis and albuminuria is not lessened by the use of serum, but probably somewhat enhanced thereby; that genuine nephritis, on the other hand, is less frequently observed in cases of diphtheria treated with antitoxin than with other remedies; that antitoxin may produce certain untoward symptoms, such as various cutaneous rashes, but that these are not serious in their nature and are unattended with danger to life; and that improvement in the methods of preparing the serum and more definite knowledge as to the manner of its employment have rendered the later reports even more favorable to its use than the earlier ones.

THE FEEDING OF TYPHOID PATIENTS.

New York Polyclinic.

The natural tendency in all acute febrile disease is to disturb and greatly impair the digestive function and gastric secretion. This is especially true in typhoid fever, inasmuch as marked intestinal disturbance always exists; hence it is of the greatest importance that the diet in this disease be of the most digestible sort, and one that will leave the least residue to form feces that may act as an irritant to the ulcerated mucous lining of the intestines.

The authorities are unanimous in considering milk in some form the best food in typhoid fever, and there is certainly no other food so universally used.

Though milk is within itself the most complete and, beyond any doubt, the best single article of food that can be employed in typhoid fever, it must be administered judiciously; then, again, it is an error to depend upon it alone, for the reason that despite the quantity that can be given daily to the patient, if properly diluted, the amount of albumen it contains is insufficient to replace the febrile consumption of the tissue albuminoids. Milk is a fluid without, but in the stomach and intestines the casein must be coagulated before the digestion of the milk is possible, hence to that extent it becomes a solid food.

Milk should always be diluted when given to a typhoid fever patients; this greatly promotes digestion of the casein. When milk is used undiluted, undigested casein in the stools may be seen, which may soon bring about aggravated symptoms of the intestinal disturbance.

Much water is required by the patient, and the greater part of this may be added to the milk used: The diluent should be plain water, lime-water, or some of the effervescing alkaline waters; if an alkaline water is not used, it is better to add a little chloride of sodium or bicarbonate of sodium to the plain water. This insures more efficient digestion.

From one to two quarts of pure milk should be diluted with equal parts of one of the vehicles above mentioned and administered in the course of twenty-four hours, the amount varying according to the demand. If not thus given, it produces flatulence and discomfort, and agravates the diarrhoea; with the presence of masses of casein in the stool, the milk should

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the form of whey. It may be peptonized plain or with gruel. Peptonized with gruel, it is highly nourishing and very satisfactory.,Whey may be made more nourishing by the addition to it of beef broth, expressed meat juice, or the yolk of an egg previously whipped in hot water.

Peptonized milk may be prepared by adding gelatin, which assists in breaking up the curds, and beyond a doubt is of value as a nutrient, and albumen-sparing food must be given cautiously if there is intestinal irritation.

These forms of milk are of great value in convalescence; they furnish a variety to break the monotony of soft diet. If buttermilk is craved, give it.

Meat broths are next in value and utility in the diet of typhoid fever. In ordinary cases, the home chicken, mutton or beef broths may be used, and a good plan is to alternate these decoctions with the milk. The broths should be resorted to when for any reason the milk does not agree. Sometimes meat preparations, richer in albumen than broths, are demanded; cold infusions may be used. These are high in nutritive value, but, as they cannot be cooked without solidifying, from the amount of albumen they contain, their raw flavor is apparent and objectionable to many patients. This last may be somewhat obviated by the addition of ordinary beef tea, or a slice of lemon, or a little claret. Beef jelly is the best of all the preparations of beef found on the market; it is a predigested part of beef, containing, it is said, fifty-three per cent. of soluble albuminoids.

In an average patient, and in an ordinary case of typhoid fever, two pints of milk and one pint of beef tea is sufficient nourishment in twenty-four hours. The intervals of feeding should be three hours; longer intervals through the night should be allowed. The tendency in typhoid is to overfeed.

If the patient's condition be good, and he sleep well, he should be allowed to sleep the usual hours, say from eleven o'clock to five in the morning, without being disturbed.

Careful and frequent inspection of the stools should be insisted upon, and should a tendency to looseness of bowels or indigested milk be manifest, the symptoms should be promptly met by a withdrawal of diminution in quantity, or a change in the mode of administration.

However ardently fruit may be craved, as a rule it is not allowable in typhoid fever. The fluid of an orange, or lemonade, however, may be allowed if no diarrhoea exists.

THE HEART IN RHEUMATIC FEVER.

Brooklyn Medical Journal.

In severe diseases, the heart, lungs, and brain are affected either as a part of the disease or as a complication; but the term complication, as applying to cardiac affections in rheumatism, is a misnomer. If rheumatism begins in the knee-joint, and later the ankle should become affected, it would not be considered a complication. In the same way rheumatic endocarditis or pericarditis is a part of the disease. The tissues in and about the thorax are similar to the tissues of bony articulation.

At every visit the heart should be examined in a case of rheumatic fever. The author depends on two methods of examination: (1) Palpation, and (2) auscultation. This applies in the present article only to endocarditis and pericarditis. By palpation is learned the presence of irritability; from auscultation, accentuated sounds.

The foregoing symptoms are not found in other fever patients. Endocarditis or pericarditis introduces a new element, either a fullness of the vessels or a swelling of tissue or actual exudation. Any of these can disturb the normal action of the heart. Irritability here means the presence of a foreign body; accentuation, either in the right or left heart, indicates an attempt to get rid of that same body. The author has found few symptoms of aid in diagnosticating endocarditis or pericarditis.

Pain is frequently never present, but dyspnea may be. Facial expression is not always of aid. Restlessness is sometimes absent. No hint is given by gastric or renal disturbance. In a heart with chronic vulvular disease

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there is a changed nutrition. The irritation of the poison in the body, and the fever added,, give an extra burden to the heart. Rheumatic pleuritis is painful. If effusion occurs it rapidly disappears. A rheumatic pleuritic effusion is apt to have an attending endocarditis. To detect the beginning inflammatory change in or about the heart, repeated examinations must be made by the methods mentioned above. From palpation may be learned:

1. Irregularity of apical impulse.
2. Disturbance of rhythm in diastolic rebound.
3. Friction fremitus.
4. Reduplication of impulse.

In fever-heart there may be a negative increase of impulse, but rapidity of the heart is not always present, the pneumogastric not having lost its full control. The sweeping movement of the heart when it rebounds, makes a movement aginst the chest wall, and when this is increased, it indicates a new force. The greater the irritability the greater this movement against the chest wall. Friction fremitus is exocardial or pericardial. It may be felt about the base at the great vessels, about the right anterior ventricular surface or toward the apex. If very great at the latter position, it pronosticates adhesive bands. The difference in contraction between the right and left ventricles gives two impulses at different times, where normally two should be present at one time.

From auscultation may be found:

1. Absence of or change in sounds.
2. Friction clicking sounds.
3. Exocardial murmurs.
4. Endocardial murmurs.

In this connection there seldom is accentuation at the apex, but the aortic or pulmonary second sound, one or the other, seldom both, is accentuated. It means some basic pericardial change, seldom, so early, endocarditis. frequently occuring rheumatic inflammation about the great vessels will cause a click. One or more short, sharp explosions are heard, due to change of position from movement of the inflamed tissue. If the stethoscope is placed lower the clicking sounds disappear and enocardial murmurs are heard, due to pericardial inflammation. They bear no relation in time to the cardiac sounds. Exocardial murmurs indicate the formation of a "white patch." A swelling of the mitral valve not touching the chorda gives rise to a murmurish quality of the first sound, because coaptation is not complete. Endocardial murmurs may be heard about the pulmonary, mitral, or aortic orifice. The inflammation rarely goes to the arota near the valves, and so no extra valvular sounds are heard. Of all the murmurs the pulmonary, systolic in time, disappears the quickest.

The heart must be watched as is a joint, not caring for arteries or veins, nor for any transmissions. If it becomes diseased it must be treated. If the disease disappear the heart must still be watched. If it continue there must be change of treatment. A rheumatic joint is treated to rest and position by the patient. Is a rheumatic heart so treated? Murmurs of the right heart disappear because the right heart governs only a limited circulation The pulmonary recoil is slight. The aortic and mitral murmurs remain and become permanent, because as soon as the pain in the joints is gone, the patient gets up and goes about, putting extra work upon the heart and movement upon weak tissue. So to prevent valvular disease. keep patients quiet and recumbent until the sounds and thythm are normal or, at least, have reached a minimum. Too much stress cannot be laid upon absolute rest. Prevention is better than cure.

DEAD CHINAMEN AS FREIGHT.

A curious freight which is shipped exclusively from San Francisco to China is "fish-bone," which pays $20 a ton. It is sent in large boxes consigned to the Tung Wah Hospital at Hong Kong, but the contents of the box are really the bodies of dead Chinamen sent home for burial. Most of the Chinamen who come to the United States are under the care of the Six Companies, who sign a contract guaranteeing to return the bones of the dead for burial with their ancestors in the Celestial Empire, and the Tung Wah Hospital acts as the agent on this side in carrying out the agree-

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ment. They are shipped as "fish-bones" in order to evade the rule of the steamship companies, who charge full first-class passenger rates for the dead. Nearly every ship leaving San Francisco for China carries among the steerage passengers a number of invalids who hope to live until they reach their native country, but several usually die on every voyage. There is an agreement between the steamships and the Six Companies which forbids the burial of these bodies at sea, and the latter furnishes coffins of the peculiar Chinese pattern for use in such emergencies. They are made of slabs, the first cut of the log, so that the sides and bottom and top are rounded. A dozen or more are carried on each ship, and the surgeon is furnished with a supply of embalming fluid. When a Chinaman dies at sea, the surgeon embalms the body, which is then placed in a coffin, sealed up, and lowered into the hold. The expenses is paid by voluntary contributions from the other Chinese passengers, the crowd and the stewards of the ship—all of whom belong to that race. No subscription paper is passed around, but a pan containing Chinese sugar is placed beside the coffin, and every Chinaman on board drops in his contribution, from a dime to a dollar, and takes a piece of sugar from the pan, which is supposed to bring him good luck and prolong life. When the ship reaches Hong Kong the coffins and the belongings of the dead are delivered to the Tung Wah Hospital, which disposes of them to the surviving friends in China. Every Chinaman in the United States is supposed to be registered at the Tung Wah Hospital and with the Six Companies at San Francisco.

FILTRATION OF URINE.

Dr. Louis F. Bishop, in the Boston Medical and Surgical Journal, uses the following method for rapid filtration of a small quantity of urine:

A small quantity of the cloudy urine is placed in a test-tube, the mouth of the test-tube plugged with cotton with a moderate degree of firmness. A second test-tube is placed with its mouth to the first. The position of the tubes is now reversed so that the one with the urine is bottom up. The upper tube is now carefully and gently heated over the flame of a Bunsen burner or alchohol flame, and the expansion of the air above the urine immediately forces it through the cotton plug, and the filtered urine collects in the lower tube. In this way we imitate to a degree the rapid-filtering apparatus of laboratories, but use pressure above the fluid to be filtered instead of an air-exhaust below.

THE TWO GERMS.

A FABLE.

In the femoral artery one Summer's day,
A couple of germs chanced to meet,
They bowed to each other and went on their way,
Carried on by the blood to the feet;
Said one, "I regret that I have not a card,
For my name to remember is awfully hard,
I am called 'Protozoa Amboeba' by some,
But by others 'Malaria Plasmodium.'"

The other replied with politeness and grace,
"I'm exceedingly glad we have met,
The superproduction of this human race
We prevent; they can't cope with us yet;
My ultimate object I must never miss
I am the 'bacillus tuberculosis,'
Let us journey together and see if we can
Get the best of this son of a gun of a man."

They passed from the arteries into the veins,
Together they passed through the heart;
They racked the poor patient with infinite pains,
But too well did each germ play his part;
One lodged in the liver and one in the lung,
The symptoms were coughing and coat-on-the-tongue,
The treatment was quinine and cod-liver oil,
The result was interred in just six feet of soil.

MORAL:

There's a moral in this that is perfectly plain,
You've heard it before I am sure,
An ounce of prevention, I'll tell it again,
Is better than ten pounds of cure;
From this deduction can plainly be seen:
Medicine is not in it with modern Hygiene
And all will agree after careful reflection,
The very best treatment is good disinfection.

—PHIZZY KUSS.

In National Board of Health Magazine.

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Editorial Department.

THERE is but one way of coming into the world, generally speaking, but the management of the accouchement varies greatly with different nationalities.

A Spanish-American Accouchement.

The Mexican people are among the most peculiar in their observances of the proprieties at this critical period of their senóras' lives. It rarely happens that a physician is permitted to witness the confinement of a Mexican woman; the good offices of the Holy Virgin are thought sufficient at such times, and if death results it is regarded as evidence of her displeasure, and not to be contended against. A very intelligent young mother, the wife of a cattle "Baron" in Southern Colorado, was called to visit one of the peon women, then eighteen hours in labor. The parturient, a primipara, was robed in a scarlet gown, a green bow at the neck, and a crown of "cheese cloth," the end of which flowed down the back like a bridal veil, and a wreathe of red artificial flowers was worn on the head. This dress is worn in supposed imitation of the Holy Virgin's attire, while giving birth to the Saviour.

In one small room there were eight men, including the unmarried man, who served as the accouchement chair, several women, besides uncounted children, dogs and young chickens, all interested in or disturbed by the

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occasion. As the pains grew stronger, the patient swore, shrieked and prayed alternately under the greatest excitement, stopping only to drink mescal or eat meat, with which she was constantly supplied. After many prayers had been offered by the sympathizers without tangible results, the "chair" seized his charge in the axillas, and shook the delayed heir into the world without more ceremony, to the intense relief of all present, the American lady excepted. A gun was discharged immediately, three times, as a signal for all within hearing to kneel and thank the virgin for her assistance. The child was then secured; the placental end of the cord tied to the mother's leg to prevent its disappearance, and the mother left to rest on the earthern floor.

At the end of some hours, the placenta having failed to come away, a cord was tightly tied around the waist and a burnt rag forced into the throat to provoke emesis. These expedients failed and the white woman was again called, and promptly removed it. The child was put in charge of another woman with a young babe until the mother's lacteal secretion should be established. When this occurred she refused to suckle it, because of the pain; mammary abscesses followed, which were treated by corn meal poultices made thin and allowed to dry, but the mother escaped, that dreaded of all obstetricians, puerperal infection, a rare complcation, I am told, among these people. H. W.

Local Anaesthesia.

ONE of the greatest advancements in surgical practice during the past year, has been the extension of the use of cocaine in local anæsthesia. It is fast displacing ether and chloroform in minor surgical practice, and even in some of the major operations. Wyeth, of New York (*Medical Record*, Dec. 21, '95), recently ligated the left subclavian artery, under cocaine anæsthesia. He employed twenty-five minims of a four per cent solution. He says, he always uses this strength of solution, and has not seen any toxic effects. It is his method of using it which guards against danger; he uses but one or two minims in one place, and during an extensive operation the application is made at intervals as the operation proceeds. Curtis has used cocaine anæsthesia in exploratory laparotomy and gastrotomy. Goodwillie uses it in operations on the face. Meyer uses it in weaker solutions, and adds nitro-glycerine, one-hundredth of a grain, to counteract the evil effect of the cocaine on the brain. Manley uses cocaine anæsthesia in major operations on the extremities, genital tract, puerperal tumors, etc. He adds alcohol to his solution, believing it increases analgesia and decreases danger of the drug. He says, a one per cent solution will destroy "the pain sense," but not the "feel sense." Dawbarn says, that where cocaine has produced death, respiration had failed before the heart. Nitro-glycerine and whiskey counteract this effect, if given before cocaine is used. Lilenthal says, cocaine anæsthesia does not effect the arteries, that when they are tied, the patient always flinches. Wyeth explains this, by saying it indicates that the vaso-motor nerves carry some sensory fibres. Schleiche's method of infiltration anæsthesia, has been used extensively and improved upon by

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several, notably Dr. Bransford Lewis of this city, who has devised a syringe to obviate the dangers, which are apt to follow the use of an ordinary syringe, a description of which is found on page oo of this issue. Greensfelder, of Chicago, in commenting upon this method says, "In the twenty-seven cases I have operated upon, primary union has been obtained in every case, when union has been desired. If patient complained of the slightest pain during an operation, the part by re-infitrating was immediately anesthetized." By being as careful in the preparation and technique of local cocaine anæsthesia, as we are of chloroform and ether, we will find that our efforts will be crowned with success, and with far greater advantage to the patient. F. P. N.

Portrait Presentation.

AT the meeting of the St. Louis Medical Society, held December 21st, Dr. Wm. B. Outten of this city, presented the portrait of Dr. Charles A. Pope, the first Dean of the St. Louis Medical College, to the society. The portrait was painted by Dr. Outten. Appropriate remarks were made by Drs. McPheeters, Pollack, Jordan, Love, Scott and Mudd.

Another One Falls Into Line.

This time it is the *Times and Register* of Philadelphia, which makes the announcement, that commencing with 1896, it will hereafter appear *bi-weekly* instead of weekly. The MEDICAL FORTNIGHTLY was the first of the journals to originate and maintain bi-weekly publication. It has been such a pronounced success that other journals are falling into line, with the result, that the professional patrons are well pleased and the advertisers get "value received."

THE CLINICO-PATHOLOGICAL SOCIETY, of St. Louis, organized last November, is doing good work. The meetings are held fortnightly. Papers have been read by Drs. Hypes, Chaddock, Close, Summa and others.

THIS winter seems to be unusually free from epidemics of any kind; the public health is good, and as a result physicians generally feel that "times are hard." In times of peace prepare for war. How well then could many of our physicians avail themselves of this opportunity to study, carry on laboratory work, or, perhaps, go to the city for post-graduate instruction. The well posted man is the successful practitioner.

THE MISSOURI STATE BOARD OF HEALTH, in a session held in this city recently, emphatically announced that the medical colleges of Missouri *must* comply with the law regarding necessary preliminary training of students. We are pleased to note this stand, for in the interests of the profession, the good name of Missouri and the students themselves, it is absolutely necessary that none but the fit shall enter the practice of medicine.

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THE CHICAGO UNIVERSITY has received a gift of $1,000,000 from Miss Helen Culver, with which to establish a department of biology.

AT Washington, D. C., on February 10, 1896, a competitive examination will be held for appointments to positions in the U. S. Marine Hospital service.

THE Cubans have tendered the position of Surgeon-General of their army to a leading surgeon of Buffalo, N. Y. He has not yet signified his acceptance.

THE OHIO WERLEYAN UNIVERSITY has been given $50,000 by Dr. Chas. E. Slocum of Defiance, O., for the purpose of erecting a fire-proof library building.

THE Medical Society of the County of Kings (Brooklyn, N. Y.) has decided to build a permanent home—$15,000 have been subscribed toward a fund of $20,000 to be used for this purpose.

AT the election of officers of the Morgan County Medical Society of Illinois, Dr. J. W. Hairgrove, of Jacksonville, was honored by re-election to the position of President. Other officers are: Dr. C. E. Black, Secretary, and Dr. E. F. Baker, Treasurer.

A NEW MEDICAL BUILDING FOR PHILADELPHIA.—Jefferson Medical College has secured a site on which it will at once erect a five-story laboratory building, which will be filled up with all that pertains to the teaching of physiology, bacteriology, and pathology. The first floor will be devoted to dispensary work.

THE new insane hospital in Illinois, is to be located near Moline. Two other locations were proposed, desirable in many ways, but Moline won, largely because of the nearness to an unlimited water supply. In establishing an institution of this character, the water and sewage questions, and accessibility should determine the location.

LEGAL VALUE OF A RIGHT HAND.—Louis Rouss recently secured a verdict in the United States Circuit Court of $10,000 against the New York Biscuit Co. Rouss lost his right hand through an accident while at work in the defendant's factory. He sued to recover $20,000. In the case of James Roberts, a brakeman, against the New York, New Haven & Hartford Railroad Company, before Judge Lacombe in the United States Court, the jury returned a verdict for the plaintiff for $5,000. Roberts sued to recover $50,000 damages for the loss of his right leg through being struck by a low bridge.

THE following is the St. Louis mortuary report for December, 1894–1895:

	Total deaths reported during Dec., 1895.	Total deaths reported during Dec., 1894.
Total deaths from all causes	778	663
Total Zymotic Diseases	132	124
Total Constitutional Diseases	139	113
Total Local Diseases	361	306
Total Developmental Diseases	101	83
Total Deaths by Violence	43	37
Total Unknown	2	...

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DR. B. SACHS, of New York, addressed the St. Louis Medical Society, December 14th, on "Syphilis of the Spinal Cord."

M. LANNELONGUE, the famous surgeon of Paris, who introduced Craniotomy for the relief of microcephalus, has been elected to the Académic des Sciences of Paris.

DR. GUY HINSDALE, of Philadelphia, received the Alvarenza prize, awarded by the College of Physicians of Philadelphia, for his essay on "Syringomyelia."

LOMBROSO, the leader of the modern criminologists who look upon all crime as an evidence of degeneration, has himself been found guilty of the greatest crime in literature, namely, gross plagiarism. The *Medical News* says, passage after passage of his "La Grafologia" are copied direct from a book by M. Jamin of Milan. Lombroso has had to pay a fine of 2500 francs for this privilege. Is he a degenerate?

Tit for Tat

DR. CHARLES W. INGRAHAM succeeds Dr. H. A. Gee as editor of the *New York State Medical Reporter.*

The American Medical Compend now appears in "flaming red," which is a decided improvement, from an artist's standpoint.

The Southwestern Medical Record, hailing from Houston, Tex., is the latest thing out. May it live through years of prosperity to an honored old age.

IT is with pleasure we note the extension of American text-books into foreign lands. The latest to receive such distinction is Norris and Oliver's work on ophthalmology, which has been translated into Chinese.

WITH its January issue the *Richmond Journal of Practice* enters upon its tenth volume, with "quality rather than quantity" for its motto. From its past we would expect it to combine both of these desirable characteristics.

DR. WILLIAM OSLER, of the Johns Hopkins Hospital, Baltimore, begins in the January number of the *Montreal Medical Journal*, the leading Canadian medical journal, a monthly series of articles on medical topics of the day, under the title of "Ephemerides."

The Peoria Medical Journal under the able editorship of Thos. M. McIlvaine, M. D., has made its *debut*. We welcome it to our exchange table and extend to Dr. McIlvaine, our right hand of fellowship on his return to medical journalism.

NEW JOURNALISTIC VENTURES.—Two new journals have been added to our exchange list, viz.: *Pediatrics*, devoted to diseases of children, edited by Dr. George Carpenter, of London, and owned by Dr. Dillon Brown. We predict for it a career of usefulness. The second is *Langsdale's Lancet*, of Kansas City, edited by Dr. John M. Langsdale and a corps of department editors.

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Foreign Letter

[FORTNIGHTLY SPECIAL CORRESPONDENT.]

The New Serum.

The latest practical development of the antitoxin method of treatment, the "antistreptococcus serum," would seem to have a promising future. In France there are reports of numbers of cases of erysipelas, puerperal fever, etc., treated with it with success, and there are also a few here. Two are reported in the British Medical Journal. The first was a bad case of cellulitis of the head, face and neck. Although ultimately fatal, a marked amelioration in the condition was noticeable after the injection of the remedy. The other was erysipelas neonatorum in a child aged three weeks, a severe case, but ending in recovery. The medical officer in charge states that he is convinced that the child's recovery was due to the antistreptococcus serum.

We are also making some trial of Coley's Fluid (the erysipelas and prodigiosus toxins) in the treatment of malignant disease, but there are no reports to hand as yet.

Treatment of Small-pox.

In the same journal Dr. Finsen describes the "red-light" treatment of smallpox. As is well known, light, and especially sunlight, can produce irritation and inflammation of the skin. This was formerly believed to be caused by the heat rays, but has now been shown to be due to the chemical rays. Finsen adduces many interesting observations and facts in support of this. From a number of cases of smallpox kept in red light the following conclusions are drawn: When the patients come under treatment before the fourth or fifth day of the disease, suppuration of the vesicles will not occur, so that the secondary fever will be avoided and the course of the disease shortened, and, further, that the patients escape pitting. The treatment is, of course, only a skin treatment, and has little, if any, influence on the infection itself. The exclusion of the chemical rays must be absolute, for even a brief exposure to daylight may produce suppuration.

Diphtheria Bacillus

At a recent meeting of the Pathological Society Dr. Peters described four varieties of the diphtheria bacillus: (1) the fong Klebs-Loeffler bacillus, the most virulent of all the forms, (2) the short diphtheria bacillus, less patho genic than the former, (3) the short pseudo-diphtheria bacillus, this is never pathogenic to guinea pigs, and is met with in a variety of conditions, and (4) bacilli resembling somewhat the long Klebs-Loeffler, but non-pathogenic.

With regard to (3) the short pseudo-diphtheria bacillus, the author doubts whether it is really a true diphtheria bacillus, as it has been met with in so many conditions without diphtheritic symptoms. The value of oxygen inhalations as a therapeutic agent is becoming more and more recognized over here and in most of our large towns oxygen cylinders can be obtained at any time. It is employed, of course, in conditions accompanied by deficient aeration of the blood, such as advanced cardiac disease, pneumonia and bronchitis, uraemia, morphine poisoning, and the like, with the best results.

Everyone is glad to hear that the publication of the Index Medicus is to be resumed, and we wish the new issue every success.

Another day and the old year will have died and a new one will have dawned—may it be a happy and prosperous one for the readers of "The Medical Fortnightly," and a successful one for the new volume of our journal.

London, Dec. 30, 1895.

Richard T. Hewlett.

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The Reviewer's Table.

DA COSTA'S MEDICAL DIAGNOSIS.—By S. J. M. Da Costa. Published by J. B. Lippincott & Co., Philadelphia, 1895. Ninth Edition.

We have our classical works in medicine—this is one of them. And for twenty-five years past it has been the foremost American text-book on this subject. Age improves it, and today it is pre-eminently the best book for the student and practitioner published. It is standard, a safe guide to the tyro, and a helping hand to the practitioner, who needs it for reference. We have used it in the class-room, in the preparation of our lectures, and its teachings by the bedside. Every physician should have it in his library. The new edition has been revised and is strictly up to date in medical diagnosis.

F. P. N.

PRACTICAL URANALYSIS AND URINARY DIAGNOSIS; A Manual for the Use of Physicians, Surgeons and Students. By Charles W. Purdy, M. D., Queen's University; Fellow of the Royal College of Physicians and Surgeons, Kingston; Professor of Urology and Urinary Diagnosis at the Chicago Post-Graduate Medical School. Author of "Bright's Disease and Allied Affections of the Kidneys"; also of "Diabetes: Its Causes, Symptoms and Treatment." Second Revised Edition. With Numerous Illustrations, including Photo Engravings and Colored Plates. In one Crown Octavo Volume, 360 pages, in Extra Cloth, $2.50 net. Philadelphia: The F. A. Davis Co., Publishers, 1914 and 1916 Cherry Street.

We think Dr. Purdy was happy in his choice of titles, it is a "practical" work. We have long lamented the lack of intelligent work on the part of the profession in uranalysis, too long have a bottle of nitric acid, a little Fehling's solution and a urinometer been considered all that is necessary for examination of any and all specimens. The speedy exhaustion of the first edition of this work would indicate that there is a growing appreciation of the importance of uranalysis. We sufficiently expressed our approval of the work in reviewing the first edition; the second is like unto it, but better, in that it is a thorough revision and is more freely illustrated with photo-engravings and contains a series of colored plates that are distinctly excellent. The appendix is a feature which will be of assistance to those engaged in insurance work.

H.

ELECTRO-THERAPEUTICAL PRACTICE. A Ready Reference Guide for Physicians in the Use of Electricity. By Chas. S. Neiswangen, Ph. G., Author of "Suggestions in Electro-Therapeutics"; Professor of Electro-Physics in Post-Graduate Medical School of Chicago. 8 vo., Flexible Leather, pp. 80. Chas. H. Colgrove & Co., 32 Randolph Street, Chicago, Publishers, 1895.

Physicians will find this book admirable, in that it is free from those confusing speculations and deductions which render so many more voluminous works practically of no value to them. Dr. Neiswanger has arranged the subject matter so that the student need not be an expert electrician to comprehend it; he presents an alphabetically arranged list of diseases with definite directions as to form of current, method of application, etc., in each.

Electricity has not been as widely used as it deserves, simply because physicians have not understood it. But with this little brochure from the pen of an authority, this valuable therapeutic agent is made more available.

H.

PEDIATRICS; THE HYGIENIC AND MEDICAL TREATMENT OF CHILDREN.—By Thomas Morgan Rotch, M. D., Professor of the Diseases of Children, Harvard University. Illustrated. Philadelphia: J. B. Lippincott Company, 1896.

It is a source of much satisfaction to the clinician to have presented in such a systematic, concise form the present knowledge of diseases of children, as is given in the admirable book, Pediatrics, By Rotch. It is sometimes brief but without loss of essentials or unnecessary curtailment of facts, in the elaboration of the text. We favor the clinical lecture type of text books for students, and also for a reference handbook for the physicians. Our experience as a teacher in medicine has shown us that students want facts, not fancies; they absorb more practical medicine from practical talks than from the elaborate, argumentative, didactic lecture. The student is not a specialist, hence he wants practical medicine in a practical way. Rotch, we believe, has given us the best work on practical pediatrics yet produced. His vast experience, his painstaking research and thoroughness

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of detail, has enabled him to record his observations and study, in a way that must be read to be appreciated. His well known, original work on infant feeding has spread his name and fame throughout the medical world, and even that conservative Englishman, Sir Dyer Duckworth, regards Rotch as preeminently the leader in this department of pediatrics. We unhesitatingly commend this book to the student, and we advise all practitioners to have it in their library. With an extended experience, hospital and private, we know the difficulties and perplexities which are to be encountered in diseases of infancy and childhood, and inasmuch as clinical training is, in this branch, decidedly deficient in the great majority of medical colleges, we know some reliable guide is wanted. Rotch answers the requirements and will for a good many years to come. This is published by the well known house of Lippincott, which means that the press work, ilustrations, etc., are strictly first class and "up to date."

FRANK P. NORBURY.

A DESCRIPTION OF SOME OF THE MOST IMPORTANT OPHTHALMIC METHODS EMPLOYED FOR THE RECOGNITION OF PERIPHERAL AND CENTRAL NERVE DISEASE.—By Charles A. Oliver, A. M., M. D., Attending Surgeon to Wills Eye Hospital. Philadelphia: University of Pennsylvania Press, 1895. 50 pp. in Cloth, price 50 cents.

In this monograph Dr. Oliver has systematically grouped all of the most important eye symptoms which may be considered of value, not only to the ophthalmologist and neurologist, but to the general practitioner, in the proper and careful study of the ocular manifestations of nerve disease. After reading the book it would be well to write down in order the different methods given and employ them as a matter of routine practice. As the author says, "if in all of his work the reader should constantly employ the most careful and painstaking technique and exercise proper judgment as to the meaning of the findings, he will soon realize that the reputation and certainty of his results will more than repay him for his trouble and care." J. E. J.

THE PHYSICIAN'S VISITING LIST AND POCKET DAY-BOOK. (Lindsay & Blakiston) for 1896. Forty-fifth year of its publication. P. Blakiston, Son & Co., Publishers, 1012 Walnut Street, Philadelphia. Sold by all Booksellers and Druggists. Price, 25 patients per day or week $1 00; 50 patients per day or week, $1.25; 50 or 75 patients in two volumes, January to June, and July to December, $2.00; 100 patients in two volumes, $2.25; Perpetual Edition, $1.00 to $1.50. Sent by mail post-paid on receipt of the price.

¶ This well-known Visiting List presents several improvements in the new edition for 1896. More space has been allowed for writing the names and to the "Memoranda Page;" a column has been added for the "Amount" of the weekly visits and a column for the "Ledger Page." To do this without increasing the bulk or price, the reading matter and memoranda pages have been rearranged and simplified. The lists of 75 patients and 100 patients will also have special memoranda page as above, and hereafter will come in two volumes only, dated January to June, and July to December. While this makes a book better suited to the pocket, the chief advantage is that it does away with the risk of losing the accounts of a whole year should the book be mislaid. The publishers announce that before making these changes they have personally consulted a number of physicians who have used the book for many years, and have taken into consideration many suggestions made in letters from all parts of the country. No Visiting List has been used to such an extent or for so long a time as this. There is none better suited to the work of the general physician, in keeping easily and systematically his business accounts and memoranda.

PARKE, DAVIS & CO. have issued a unique and highly artistic calendar, extolling the virtues of their popular specialties in cod-liver oil and kola.

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Original Department.

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Address books, subscriptions, and communications to THE FORTNIGHTLY PRESS CO., 1006 Olive, St. Louis.

Some Remarks on Abdominal Hysterectomy.

BY JOSEPH EASTMAN, M. D., LL. D.,

INDIANAPOLIS, IND.,

Professor of Gynecology and Abdominal Surgery in the Central College of Physicians and Surgeons.

ONCE more it appears necessary to refer to my relation to the origin of supra-vaginal hysterectomy—this time in connection with one of Dr. Lanphear's interesting letters to the FORTNIGHTLY.

As one of the leading teachers in the West I am quite sure he would not intentionally withhold credit from any one to whom credit is due, nor give honor to one who has already been honored beyond his individual merits. While "truth is stranger than fiction," many prefer fiction to truth; thereby some get honors who desire none.

In his Chicago letter, in reference to the work of Dr. Byford, Dr. Lanphear describes the method used in removing a fibroid tumor, including the statement, that "he inserted a drainage tube through the os into the vagina, sutured the two raw surfaces of the cervico-uterine tissue together and sewed the peritoneum carefully over this stump, also covering the raw surface where the lateral attachments of the uterus were cut, in the same manner." Then Dr. Lanphear adds, "practically a Baer operation."

In an article read by me before the Indiana State Medical Society May 10, 1887 (the Transactions of the Indiana State Medical Society, 1887), I carefully and completely described the operation which Dr. Byford made, and which is credited to Baer. The language was as follows: "A conical shaped piece of tissue was cut out of the stump, the apex pointing toward the internal os, the base directed upwards and outwards toward the serous membrane. A cautery iron at blue heat was three times passed through the cervical canal from above downwards for the purpose of destroying mucous membrane, and also to assist in drainage from the interior of the stump. A dressing forceps was passed through after the cautery, by the aid of which a rubber tube as large as my little finger was dragged up to within a half inch of the free peritoneal surface. The elastic ligature was removed, and over the stump was stitched (the cervico-uterine tissue) the stitches placed in the cobbler's stitch manner, and three-fourths of an inch from the free peritoneal margin. After ligating the arteries (uterine arteries, of course) these flaps were brought together by Lembert's suture."

This operation was deliberately planned and used in the first fibroid tumor I ever removed. The effort was to make an extra-peritoneal, but intra-pelvic wound, which if it must drain at all could drain into the vagina. After having invented instruments and varied my methods from this my first operation, by at times taking out the entire cervix (and that will always

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be necessary in some instances, notably, where cancer of the cervix has been added to fibroid tumor) I have improved very little upon my first method, except that where it is necessary to take out the cervix, I would enucleate the same with some dull instrument; where I would leave an atom of cervix it would be only a small atom; and whether I would leave an atom or not, I now, after tying or clamping the upper part of the broad ligament (including the ovarian artery) with a dull instrument, separate the broad ligament from the uterus or tumor (keeping close to the uterus), allowing the uterine artery to remain in the woman.

This method was demonstrated by request to some twenty doctors at the Maryland General Hospital at Baltimore, during the recent meeting of the American Medical Association, the tumor being shown to Dr. Kelly, who conceded that the uterine arteries were yet in the woman, as the specimen did not show that they had been severed. I recently also demonstrated the same method, by invitation, at the Charity Hospital, in Chicago, in the presence of a number of doctors. In this case the atom of cervix was very small and no vaginal drainage was deemed necessary or used. This same method was published in the *North American Practitioner*, taken from a lecture which I delivered in Chicago during the World's Fair. In the *Annual of the Universal Medical Sciences*, vol. 2, pages 36-7, may be found a reference to the method as described in the paper above referred to, in the statement that Baer ligates the uterine arteries through the broad ligament, *but makes no attempt to drain the sac or close the pocket*, which must inevitably exist. On page 37 the writer states, "The intra-pelvic method just described, and which he (Eastman) first used in '87, or some of its modifications by Marcy, Kelly, Baer and others, is a safe method." If Dr. Montgomery's reading was sufficient to include this method, other Philadelphia operators ought to have been equally well informed. I have in my possession a photograph taken from a drawing, representing the arteries as ligated and the sutures adjusted to make sero-serous approximation of the flaps over the little atom of cervix, taken from my case of February 3, 1887.*

I refer to this quotation in the *Universal Annual* to show that what is contained in the Transactions of our State Medical Society had evidently gone into other journals, and that the fact was well known, as an editorial in the *New York Medical Journal* declared that "when Baer first made his report in 1891, it was simply a modification of Eastman's operation," while my efforts of February 3, 1887, were but an attempt to modify Schroeder's method, so that my wound should be extra-peritoneal and yet intra-pelvic."†

*Dr. A. W. Patterson of our city witnessed the operation, and can testify to the correctness of the description and photograph.

†The first supra-pubic hysterectomy for fibroid tumor that I have any knowledge of was by Dr M. M. Latta, of Goshen, Ind. He has recently sent me a photograph of a uterus, which undoubtedly contained a large interstitial fibroid tumor, and also a large sub-mucous, projecting into the uterus, and with the photograph he sent me the following statement:

"I first performed total extirpation of the uterus on Sunday, July 6 1876, but it was by abdominal section. I included everything with the broad ligaments; used ligatures of black silk; amputated through the lower section of the uterus, as the photograph shows, the intention being to give a good hold on the neck; transfixed with long needle and strong ligature placed behind it; peritoneum and skin brought up as well as possible; the uterine neck turned down as much as possible; no drainage. Ligatures were cut short, one of them appearing in the bottom of the wound several months afterwards. The question of priority I leave to yourself. The patient was about 39 years of age. She made a good recovery and continues in good health up to the present time.

I would take more pride in the success of the State than anything. If I have failed to make myself understood I beg to try again. Sincerely yours, M. M. LATTA."

The doctor is now advanced in years, is of well-known veracity, and his statements have never been questioned. Dr. Latta certainly did not attempt to make an extra-peritoneal or intra-pelvic wound; and possibly the same may be said of Dr. Marcy's operations, which he reported in 1881. I think still more can be said of Dr. Latta's operation - that it antedates Schroeder's efforts of intra-peritoneal fixation of the pedicle, and that the credit of this early operation belongs to the state of Indiana.

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Dr. Marcy, at the Seventh International Medical Congress, in 1881, reported another modification of Schroeder's method. Stimson in 1888 had more particularly called attention to ligating the broad ligaments in mass and then tying the uterine arteries, later taking out the whole cervix. Goffe, of New York, in April, 1890, published four cases operated on. Finding a rise of temperature on the third to the fifth day, he found it necessary to dilate the cervical canal from below, in order to evacuate pus or fluid which had accumulated above the stump, but below the peritoneal covering. This would not be necessary in the method described in my original paper of 1887, or with the tube, as used in the case operated on by Dr. Byford, as described by Dr. Lanphear.

I have used nearly all the methods of supra-pubic hysterectomy; making an extra-peritoneal but intra-pelvic operation February 3, 1887; and total extirpation of entire cervix by abdominal section exclusively, August, 1889. Dr. M. D. Jones, of New York, first cut cervix loose by vagina, then opened abdomen and took out entire cervix, February 16, 1888. In some instances I have not drained through the cervix, but have always felt safer —whether I took out the cervix entire, or whether I left an atom of it—to have a small drainage tube or a strand of gauze, so that if any serum formed in the wound it might go downwards and not upwards.

It may be claimed that Baer leaves no ligatures in the cut surface of the pedicle. Surely flaps are better united by suture than left separate! I have been told repeatedly by those who have seen him operate, that he was frequently compelled to ligate small vessels in the margin of his wound. Having made over 200 supra-pubic hysterectomies (which I am told is more than double the number Baer has made) I know that an occasional small ligature must be used and buried beneath the peritoneal flaps.

Dr. E. W. Cushing, of Boston, in a paper entitled "The Evolution in America of Abdominal Hysterectomy and Total Extirpation of the Uterus," which I hope will be read in connection with this subject, makes a very fair statement, and gives honor to whom honor is due. He gives facts, and in no way seems to run wild with the idea, that because Baer reported to the American Gynecological Society that he had something new, every member of that society, and every reader of Munde's journal was compelled to consider Baer as the father of supra-pubic hysterectomy in America, and that all other operations were but modifications of his method. Those who were reading American surgical literature more widely knew then and know now that Baer has absolutely made no new suggestions, and has added nothing whatever to our technique. I hope those interested in the subject will look up the paper of Dr. Cushing, and see that all surgical knowledge does not emanate from Philadelphia, and especially from one man.

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The Medical Fortnightly

Successful Case of Transplantation of Teeth.

BY DR. E. S. PETTYJOHN,

Superintendent Alma Sanitarium.

ALMA, MICH.

MY little daughter, aged two years and nine months, fell head-long down the cellar stairs and struck the two upper middle incisors on the edge of the step, extracting them completely as if by forceps. The alveolar processes of the right tooth were fractured and the gum lacerated the entire length of the root. After the fright and the crying, which continued a half hour or more, the child was rocked to sleep in her mother's arms and placed in her buggy. We found the teeth on the cellar steps uninjured. They were placed in a normal saline solution of tepid temperature. On the arrival of an assistant with the chloroform for anesthesia, the child was sleeping quietly. Chloroform was administered without the child awakening, and the teeth were placed within their sockets and pressed into position; the edge of each tooth fitting firmly in a groove of one blade of a forceps, the hand of the operator being placed on the back of the head with the pressure properly directed. The gums about were cleansed antiseptically, and the teeth left in position without further dressing or application.

The accident occurred about two o'clock, and when the child awoke from her sleep at 5:30, her teeth were in place. The teeth had been out of the mouth fully an hour. Milk and soft food were administered, and the lacerated edges of the gums cleansed after eating. Healing of the gums occurred by first intention.

It is now four weeks since the teeth were placed and they are now solid, in good position and of normal color. The gums are normal in color and consistency, and the appearance of the mouth quite natural.

I report this as a successful case of transplantation of teeth that had been out of the mouth over an hour, and as another demonstration of chloroform anesthesia during natural sleep.

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French Therapeutics and Formulæ.

BY THOMAS LINN, M. D.,

PARIS AND NICE, FRANCE.

I HAVE decided to devote this paper to *treatment*, as one finds it in this country, thinking that this subject would be more suitable for your practical journal than details of news, and feeling that it would be acceptable to your readers who are practicing physicians.

I will give as briefly as possible the usual forms of prescriptions used by the best French physicians for most of the prevailing diseases, and preface this by saying that the French are very full in their directions, and very plain as a rule. They also use quite a number of *tisanes*, or hot drinks of the simple mixed, or single herbs and leaves of plants, and they nearly always give the indications for climate and mineral waters in their prescriptions. They also use vesication and counter-irritation a great deal, and later we will introduce illustrations of a practical nature, describing the proper place to use blisters and such applications in various troubles.

In the present article we will take up liver troubles. First—

Hepatic Congestion of Gastro-Intestinal Origin.

1. For two days give three of the following powders, to be taken one every half hour, the first thing in the morning, in a little milk.

℞ Calomel Pulv.....O Grammes 38
Sugar Pulv.....O " 20
M

2. The patient must drink a glass of milk and Vichy water (Grande Grille spring) half and half, every two hours. No other food to be taken.

3. Take during a week, at meals, one of the following wafers, twice daily:

℞ Salol .....
Benzonapthol .....
Sodii Salicylat .....aa 10 grammes

4. When the acute attack is over be careful to eat with temperance, and do not drink any alcohol. Avoid rich and high meats and game, shell fish, spiced foods and all exciting alimentation.

In summer time take a three weeks' cure at Vichy or Carlsbad.

Hepatic Congestion of Cardiac Origin.

1. Milk diet only; no other food.
2. Take for four days, five of these pills, one every two hours:

℞ Scillæ pulv.....
Scammony pulv.....
Digitalis pulv.....
Calomel .....aa O gramme .05
M. For one pill. Mitte, No. 20.

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3. Every two hours rub the region of the liver with this liniment:

℞ Oil Hyoscyamus.....80 grammes
Sydenham's Laudanum....10 grammes
Chloroform ..... 5 grammes
M

Acute Hepatic Colic.

1. Make a hypodermic injection of morphine solution as needed for the pain.
2. Every half hour give a wine-glassful of olive oil with lemon juice.
3. Rub the hepatic region with a flannel wet with this liniment:

℞ Oil Hyoscyamus.....80 grammes
Chloroform.....
Laudanum (Sydenham's) aa 10 grammes
M

2. Have the patient suck ice and drink a little iced champagne from time to time.

Hepatic Colic (Chronic Form).

1. Take every morning a glass of Vichy water, in which put 10 grammes of sodii salicylate.
2. At night on going to bed, take one of these pills:

℞ Euonymin.....O. grammes .03
Podophyllin..... " .02
Ext. Hyoscyam..... " .01
Excipens q. s, for one pill. Mitte No. 10.

3. Every day take a warm bath of an hour's duration.

When no acute symptoms in hepatic troubles, order the patient to live in the open air, to take long walks, to fence, hunt, etc. He must not use his brain in excessive mental labor; give up alcoholic drinks and those that have gas in them; drink plain Evian or other good spring water; use very little sugar and starch foods, avoid tomatoes and acids in general; fats and eggs. Keep the bowels free; rub the body all over with a rough glove every morning after having taken a quick sponge bath. Every year take a three weeks' season at Vichy or Carlsbad.

BILIARY INFECTIONS.

Slight Cases of Infectious Jaundice.

1. Use the treatment for hepatic congestion.

Serious Chronic Cases of Jaundice.

1. Give every morning a large rectal enema of a quart of water (cold), and have the patient keep it for five to ten minutes.
2. Every two hours during the day give one of these wafers:

℞ Quinine Salicylat..... O. grammes .20
Benzonapthol.....O. grammes .15
M. For one wafer or cachet. Mitte No. 10 of the same.

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3. Make a hypodermic injection every morning and evening of a centigramme (cubic) of this solution:

℞ Caffeine .....8 gramme one
Benzoat Sodii..... 3 grammes
Aqua Distill.....10 grammes
M.

4. In very serious cases, make hypodermic injection with this solution:

℞ Sodium Chloride..... 2 grammes
Phosphate of Soda ..... 4 grammes
Sulphate of Soda..... 8 grammes
Boiled Water.....100 grammes
M. Sig. Use as directed, per hypodermic injections.

Thomas Linn M. D.,

American Medical Review.

A unique medical journal to occupy a unique place in a unique manner, is the *American Medical Review*. We feel grateful to Dr. Daniel Lewis for undertaking this stupendous task of presenting monthly such a compilation of the things valuable in medical literature. Again, his original contributions, his editorials on timely topics, and his special reports, all show a high order of medical journalism. We wish this journal success, honor and the rest of the good things which might fall to the lot of such a valuable journal. Readers in general literature all know the value of the *Review of Reviews*, and as the *Medical Review* aims to cover such a field in medical literature, we know it will reap a just reward.

DR. H. A. DELORME of 823 Angelica St., is spending January at his old home, Charleston., S. C.

BELLEVILLE HOSPITAL is erecting a system of Turkish, Russian and medicated baths, at an expense of $10,000.

WE congratulate Dr. Crandall, editor, and E. B. Treat, publisher, of the "*Archives of Pediatrics*" upon the "new dress" and improved appearance, of that promising journal.

MEDICAL FORTNIGHTLY men have ever been prominent in the St. Louis Medical Society, and it is with pleasure we note the further evidence of this in the re-election of Dr. J. Ellis Jennings, (editor of our department of ophthalmology) to the secretaryship of that organization.

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The Medical Fortnightly

Quacks and Quackery.

BY J. W. PETTIT, M. D.,

OTTAWA, ILL.

Presidential Address Delivered before the North Central Illinois Medical Association, Lacon, Dec. 3, 1895.

In the feudal ages medicine and quackery were the same, as far as any principles of science are concerned. The only difference between the physician and the quack was, that the former was a fool and the latter a rogue. Since that time both have developed, the physician into a man of science and useful knowledge, the quack more expert in duping his victims. It would seem that with all our boasted knowledge and wonderful progress, that by this time the public could not be easily misled in medical matters. This, unfortunately, is not true; hence the necessity for discussing the subject of "Quacks and Quackery" in medicine.

Mankind seems capable of thinking and reasoning upon almost every other kind of practical art or science, better than they do in medicine. In the history of the human mind, few things are more interesting or instructive than to consider the so-called sciences and strange delusions in which our ancestors placed implicit belief. It seems almost incredible that men—and these often the greatest and wisest men of their age—should believe in astrology, alchemy and witchcraft. Nor is it less striking to look about us at the present time and see the analogous living delusions that for a time are enjoying temporary repute among us. In this respect the experience of the present is only like that of the past, proving, as it does, the truth of Southey's remark that "naturally man is a dupable animal, and quacks in medicine, quacks in religion and quacks in politics know this, and live upon the knowledge of it."

We always see the faults and follies of others far more clearly than we can perceive our own. While we can easily appreciate the true character of those various delusions which have long since passed and vanished, we are often strangely and obstinately blind to the true character of the analogous delusions by which we may ourselves be surrounded. Witchcraft is constantly alluded to as displaying an extravagance of human belief, so glaring and monstrous, that it is impossible to conceive that men, otherwise rational and intelligent, should have ever believed in its alleged wonders and workings. But in reality, to any one who will consider the subject without prejudice. the dogmas and delusions which formerly constituted the creed of witchcraft, does not exceed in incredibility those which constitute many of the delusions now prevalent. There is a class of minds much more ready to believe that which is incredible than what is generally accepted as truth. They always find something marvelous to call out their robust faith. We are apt to think that people who follow delusions are confined to the uneducated, but the history of quackery shows that credulity and superstition are inherent weaknesses of our nature to which even education is not proof.

To show how far a man of honesty and benevolence and with a mind of singular acuteness and depth, may be run away with by a favorite notion on a subject which his education does not fit him to investigate, I need only to refer to Bishop Berkely, that great English divine, of whom it was said "ancient learning, exact science, polished society, modern literature and the fine arts contributed to adorn and enrich the mind of this accomplished man." Yet we see that even this man, great as he was, fell into the lamentable folly of undertaking to cure small-pox, pneumonia, gangrene, dyspepsia, coughs and hosts of other diseases as dissimilar in character by the use of tar water. By reason of his prominence, known integrity and great learning he had half the English nation taking tar water for every real or imaginary disease. He deluded himself with the thought, as others have done before and since, that he had discovered a great panacea, and was so infatuated with the idea that he insisted on pouring his tar water down the throats of all mankind. Like many another would-be menefactor, as well as designing quack, he appealed

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to time and experiment for proof. In confirmation of the virtues of his tar water he cites the fact that he cured 1,741 cases of fever in one year. Such a statement appears ridiculous to us at this late day, but poor humanity is so constituted that even those who laugh at the folly of the good Bishop Berkely are themsives hugging delusions equally as absurd. I venture to assert that a majority of this audience have charmed away warts, are wearing iron rings on their fingers or carrying horse chestnuts in their pockets for rheumatism, are taking Hood's Sarsaparilla, Warner's Kidney Cure, Radam's Microbe Killer or homeopathic pellets. Such is poor human nature, that many a victim of his own or some other's folly, is actually ready to solemnly swear that this, that or the other worthless quack swindle has saved his life, even as he has stood on the very brink of the grave. How a man who is wise in all else, yet when sickness overtakes him or his leaves all reason behind and trusts those interests which are dearest to him, to shallow quackery whose assumptions are so glaringly contrary to common sense, is one of the things that weakens one's faith in the sanity of half of mankind.

But instead of finding fault with the follies and foibles of mankind, let us, if possible, get at the philosophical reasons for a mental trait which is so universal. If a thing is true there must be some reason for it. Barnum said the public liked to be humbugged. I do not believe it. That the public is humbugged, especially in medical matters, is too true, but that they want to be is equally not true. The history of quackery contains accounts of many pretenders who gained popular favor to such an extent that the populace fairly went wild, who, when the frauds were discovered, turned upon these same pretenders with a fury that knew no bounds.

A study of the mental characteristics which lead to error in medicine, we find to be: 1st, a misapplication of the ordinary rules of evidence; 2nd, mistaking coincidences for causes, or recoveries for cures; 3rd, "medical faith" or the influence of the mind upon the body.

It is not strange that the public should be deceived when we take into account that the evidence requisite to prove or disprove any proposition in medicine is of a peculiar kind. It differs entirely from that species of proof which satisfies a court or jury. Both direct and circumstantial evidence, which would leave no doubt in the minds of judge or jury have often not the slightest tendency to render a medical fact even probable. The declarations and even the oaths of the most conscientious, disinterested and able men are insufficient. The reason of this is that few men distinguish between opinion and fact. When a man asserts he has been cured of a certain disease he thinks he is stating a fact which he knows to be true. The first is of his having had the disease; the second, that the medicine used cured him. Most people think they can diagnose the disease with which they are afflicted. The physician knows this is difficult and often impossible. This belief on the part of the patient is often strengthened by the confidence of the one who gave the remedy which tends to heighten the delusion. He is thus easily prevailed upon to swear positively both as to the disease and the remedy, as if they were plain facts obvious of the senses, whereas both are often beyond the limits of human knowledge. This species of unintentional perjury is very common and the more improbable the fact the more numerous are the affidavits and the more respectable the signatures. Kings, queens, statesmen, judges and clergymen are daily swearing that they have been cured of incurable diseases, but the humblest physician smiles with contempt when he reads their splendid testimonials. Testimonials and affidavits are the stock and trade of quacks and patent medicine vendors who point with pride to the social distinction of their dupes as conclusive evidence that they are not supported by vulgar ignorance, nor afraid to meet the most searching scrutiny of the educated.

Under the second division of my subject I wish to call attention to the irresistible tendency to associate the thing done and the improvement which follows as cause and effect. This is a great source of fallacy even with medical men. But the physician has a chance of correcting his hasty inference. He thinks he derived an effect from a certain remedy in a certain case; he tries it in a number of cases without

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effect and then knows the first was only a coincidence. The unprofessional experimenter has no large experience to guide him, hence his error in mistaking a recovery for a cure.

It is the common experience of every physician in difficult or tedious cases to have one or more infallible remedies suggested by friends or neighbors. These suggestions are made in candor and kindliness, and it is this very fact that makes them hard to combat. Courtesy often compels us to seem to give them a quasi-endorsement by reason of the intelligence and respectability of the persons making the suggestions or the tenacity with which they hold to their views. The young phycisian who has any tact soon learns not to antagonize these people unless he is ready to change his occupation.

When the disease is known the difficulty with the non-medical public, in distinguishing what is a cure by nature alone, and what is a cure by nature assisted by art, makes up the sum of the difficulty of distinguishing between true and false medical treatment. In solving this problem it is too frequently forgotten that persons suffering from disease the most acute, and consequently much more so when suffering from slighter ailments, even if left without medical treatment, would not as a general rule die. All physicians are aware that were it not for the aid afforded by nature, their drugs would seldom or never restore the patient to health. The self-rectifying power of nature is such in many cases, that the office of the physician becomes of a negative type, his duty amounting to an active prevention rather than a case of active cure. The shrewdest quacks are those who have availed themselves of this wonderful power of nature of taking care of herself. While they profess to exercise a wonderful influence over the bodies of their patients they leave nature to pursue her operations pretty much in her own way. People who testify to the miraculous cures of these fellows do not reflect that in a large number of cases where the sick are restored to health, the result is achieved by nature rather than art and would have resulted as speedily without as with medicine. This criticism applies too often to the regular physician, if not by assertion at least by inference in allowing the public to believe that his recoveries are cures. Herein lies the fallacy of statistics in any attempt to prove the relative value of various systems or remedies. No one doubts that some patients will recover under every form of practice whether orthodox or empirical. Incidentally it may be well to remark that the popular notion that the office of the physician is simply to cure the sick is only partially correct. His office is mainly to relieve suffering whether of body or mind and surround his patient with the conditions which will best hasten his recovery.

The third division of my subject, the influence of the mind upon the body, is the most difficult to understand. That "medical faith" or the influence of the mind upon the body independently of the introduction of any medicine whatever into the system, can and does exert a mighty influence over the progress of disease, so as often to modify, and frequently entirely remove it, is a fact of which the history of medicine furnishes ample proof. This influence is recognized by medical men, although not well understood and difficult to apply as a remedial agent. The powerful effect and success of simple "medical faith" upon the progress of disease is attested by the innumerable cures in former times by the supposed influence of amulets, charms, holy wells, relics, incantations and sorcery. Scrofulous diseases are said to have been cured in England from the time of Edward the Confessor down to the reign of Queen Anne by the single touch of the reigning monarch. The effect of medical faith in the efficacy of the touch of Valentine Greatrakes was such that he is said to have not only cured scrofula, but ague, deafness and epilepsy. Various nervous maladies were apparently often and almost magically cured in those who had faith in Prince Hohenlohe. Dr. Dowie, of Chicago, that malodorous saint, succeeds where does it all in the same way as did Prince Hohenlohe. The religious sentiment is played upon most largely by this class of pretenders. Anything and everything done by anybody whomsoever, if only done in the name of the Lord, "goes" with a certain class of religious cranks in every community. These are they who constitute the followers of the Dowies, Schweinfurths and others of their ilk.

About the beginning of of this century all kinds of aches and pains were cured by the application of Perkins metallic

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tractors to the suffering parts. These were simply two pieces of metal very much like a tuning fork. Perkins created a greater furor in his time with his tractors than has the Keeley Cure in the recent past. It was useless for physicians to attempt to show the absurdity of the folly while it held sway, but like all these delusions they soon fell into absolute neglect. As Dr. Holmes said: "After displaying a given amount of cunning and credulity in those deceiving and deceived, they dropped from the public view like a fruit which has ripened into spontaneous rottenness, to be succeeded by the fresh bloom of some other delusion required by the same excitable portion of the community."

The prayers of Prince Hohenlohe and Perkins tractors produced wonderful effects, but the following incident shows how a homeopath effected quite as extraordinary a cure as any of that class can boast. A lady had been bed-ridden for years with an alleged disease of the spine. She had long been anxious to try homeopathic treatment but her husband refused believing homeopathy to be, as he said, "a discreditable delusion and a quackery." Fortunately for her, her husband went away for a week or two on a hunting expedition. He had no sooner left than she called in a celebrated homeopath. He examined her at great length and prescribed for her telling her what effects to expect each day and that before her husband's return she would be fully restored to health. All the predicted effects followed and the husband was overjoyed on his return to find her quite well. The crime of consulting a homeopath was forgiven since the results were so happy and beneficial. He asked to see the wonder-working pellets, only to find that she had been taking some percussion pellets he had ordered for his gun before he left. The servant had mistaken the pellets for the homeopathic globules and the lady had taken them under the belief that she was taking the globules prescribed by the homeopathic physician. Like one of old, "her faith had made her whole."

The remarkable influence exerted by mental states, as Imagination, Expectation, Faith, Hope and Joy, in curing disease, is almost incredible and is well calculated to lead to false conclusions by even the most intelligent, careful and scientific minds. We are told by those who have visited the continental churches of the large number of crutches, splints, canes, etc., which have been left there by those who have, there is no reason to doubt, been cured or relieved of rheumatism, contracted joints and paralysis by prayers offered up to some saint or by the supposed efficacy of their relics. What the Roman Catholic attributes to the supernatural agency transmitted through a priest, the modern Spiritualist to spiritualism, the animal magnetist to magnetism, the vitapath to the laying on of hands, the Christian Scientist to the direct intervention of Providence, the educated physician knows is due to the influence of some one or more of the mental states enumerated. For example: "A woman, bed-ridden for years, is carried or manages to crawl to the tomb of some saint; the deepest emotions are stirred—hope, longing, belief—and she finds new power in her system; an impulse is conveyed to the limbs, and she walks home with ease. Her cure kindles the faith of others, and it is not unlikely that the combined influence of her sudden recovery of the use of her limbs and the imaginary virtues of the tomb, would restore some to health, for whom the latter alone would have been insufficient." The epidemics of cure are as definite and admit as easily of study as the epidemics of disease. Herein lies the secret of success of that recent fad which is now almost a reminiscence—the Keeley Cure. Keeley was besieged to make the ingredients of his whisky and opium cures public. He was too shrewd for that ,as he well knew that a disclosure of his formulas would break the spell which made his success possible and he of no use to those who were clamoring for them. This is attested by the fact that his formulas have been known for several years and have been utter failures in the hands of others. The medical profession were bitterly denounced by the press and public for not endorsing Keeley and his cure. They did not for the reason that they saw in it the ear-marks of a host of other quackish fads which are now a matter of history and were content to bide their time, knowing full well that, like the eruptive fevers, it would soon run its course.

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I regret that time does not permit my following this subject at greater length. We have seen some of the principal causes which lead to quackery. Now what is the remedy?

It is useless, perhaps, ever to expect to eradicate the meddlesome old women and the "fool friends" of the sick, who are always on hand with their infallible remedies. The only thing I have to suggest is that we still persist in what seems a hopeless task—trying to educate them. They are comparatively harmless creatures and perhaps after all it were just as well to let them alone. There is a class, however, who are a menace to society, and these are the horde of quacks who look upon mankind as their legitimate prey, and who ply their nefarious trade by any and every means, no matter how disreputable. Nothing in any phase of human life is more painful and revolting than the unblushing efforts of these fellows to traffic upon the miseries and misfortunes of mankind. The hope that lingers to the last in the breast of the most miserable wretch under the sun, speaks in saddest tones as one thinks of the multitudes who worn with disease, go from quack to quack giving of their slender means for charms, elixirs, patent medicines, electrical appliances, etc., warranted to cure every ill flesh is heir to. Medicine, when thus prostituted, is the vilest of all the trades devised by man.

Attempts have been made in many states to regulate the practice of medicine by law and place it on a legitimate basis, but for the most part with indifferent success. We have had a Medical Practice Act in this state for seventeen years. When it went into effect we were notified from time to time, with a great flourish of trumpets, by the then secretary of the State Board of Health, that thousands of quacks were being rapidly driven out of the state—so rapidly, in fact, that other states were being compelled to pass like laws for their protection. What has been the result? These laws have banished the poor ignoramuses without diplomas whose very ignorance was somewhat of a protection to the public, but made respectable, or at least quasi-respectable, all who have diplomas from whatever source. Shams and pretenders are in this way made "legal" and claim whatever protection and recognition that term may imply. When we warn the public against these fellows they point with pride to the fact that they have the same legal qualification to practice as the regular profession. Is it not true that our Medical Practice Act has had the effect of making vice and presumptuous ignorance respectable? The sanitary work done by our State Board of Health has been very creditable indeed, but in the suppression of quackery their work would hardly be called a farce; the subject is too serious. The Board may set up the defense that the courts have decided against them on every point of vital importance. So they have but a careful survey of the work of that body fails to convince me that they have prosecuted this part of their work with a vigor and determination that is necessary to success. I think I realize some of the odds contended with. The apathy of the legislature, the prejudice of the press and public and the lavish use of money by quacks to prevent unfriendly legislation. But after making allowance for all these things I am content to allow my criticism to stand. The State Board, by reason of their position, should be the leaders in medical legislation. It is not expected that they will accomplish everything, but it is for them to point the way and us to follow. We are honored tonight by the presence of Dr. Quine, the President of State Board of Health. He is an able leader and I believe if the members of this society will pledge him their aid and encouragement the contagion will spread until it will embrace the profession of the state and through them the influence of the good people of this great commonwealth. Organization is what is needed. Organization of that practical kind which realizes the difficulties in the way of proper legislation, and ability to push the work to a successful issue. Our State Board of Health should take the lead and map out the way. They should appeal to the profession through the State Society and the various local societies, the individual members of which coming directly in contact with all classes of people can enlist the services of prominent men in every community. In this way pressure can be brought to bear on the legislature that will compel the passage of proper

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laws. We need some capable leader like Dr. A. E. Strong of Chicago, who worked so long and successfully to secure the passage of the law making dissection legal. That was a far more hopeless task at its inception than it now seems to secure the necessary legislation to suppress quackery.

I think the mistake made in all previous efforts has been that the attempt was made too much on the line of our code of ethics, which has been too ethical to appeal to the intelligence and conscience of the public. It occurs to me that the method is very simple. Quackery is fraud. Make it a crime to advertise or promise more than can be fulfilled and we strike at the very root of the evil, for the success of quacks depends largely upon fraudulent promises. This proposition is so plain as to admit of no cavil and no legislator would hardly dare go on record as against protecting his constituents from fraud. I am informed upon good legal authority that a law enacted on this line while it would not stamp out quackery in toto would suppress many of its vilest and most dangerous features and eventually lead to other and more sweeping methods. We must bear in mind that many a righteous cause fails because we undertake too much, for as Dr. Holmes said, "error is got out of the minds of those who cherish it, as the tape-worm is removed from the body, one joint, or at most a few joints, at a time; rarely the whole evil at once."

We should make it clear to the public that this regulation is not to protect the medical profession alone, but to give to the people a reasonable assurance that a class of persons, upon whom life, health and the prevention of disease often depends should have some moral as well as educational qualifications. It is not claimed that state aid is a specific for educational methods which now exist or low professional standards. It is one means, however, and a decidedly helpful one in hastening the time when higher standards will be demanded by a universal public opinion.

To carry out the suggestions just made will necessitate the doctor's going into politics. I know it is not considered good form for the doctor to meddle in politics. The chief reason why our medical laws are in such a deplorable condition, the absurdity exists of every druggist, drug-clerk and even the druggists' bottle washer having the right conferred upon him by law to prescribe, (as was done at the last session of the legislature), is because so many of our profession imagine themselves particularly good, in keeping aloof from politics and politicians, and then go up to the temple and there with solemn elongated faces thank the Lord they are not as other men are, not even the poor politician woh usually gets what he wants, while the Pharisaical doctor is left out in the cold. We are not a privileged class. We must get what we want in legislation as other people do. We will not be likely to create any great reforms unless we go about it in a more practical way than we have done heretofore.

In its good sense politics is something which every American should take part in; it is one of the duties of citizenship. Because a man is a doctor does not lessen his responsibility, but on the contrary adds to it for the reason that his office enlarges his influence and opportunities. Politics in its best sense has been defined as "applied patriotism" and there is a deal of religious duty in every effort to secure a righteous government.

The days are past when medical men were regarded as being better professional men for a profound ignorance on other subjects and a lack of interest in public affairs. It was once thought that such a course argued a certain attention to their profession and the absence of distraction from it to other topics; but such is not the present prevalent opinion. A man who is nothing but a doctor is usually a very small factor in the community and is too narrow even to be good in his profession.

If the 7,000 physicians in this state will unite in an effort to secure legislation conducive to the welfare of the profession and the people they will prove an invincible host whose power and influence will be felt to such an extent as to make the law-makers only too glad to meet all reasonable demands for medical reform.

It should need no argument to prove that strong measures are required to protect the community from pretenders and charlatans. Humanity has suffer-

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ed too much from ignorant pretenders and it is high time to end their existence. There is but one safe course and that is for the law to sternly and imperatively exclude from the practice of medicine the horde of quacks who by their villainous methods prey upon poor suffering humanity. This is the duty that at present lies before the regular profession. If the task seems a hopeless one the duty is none the less imperative. If the work we may do has no apparent fruition there exists the consolation that good, honest work is never ultimately lost. If the medical profession will only do their duty we can safely trust the result to the righteousness of our cause, and the good sense of the people whom we serve.

J. M. Pelot

Fortnightlettes

DUBLIN
is having trouble with her medical charities. An overdose, says the "Medical Record."

RUSSIA
proposes to celebrate the centenniel anniversary of Jenner's experiments by offering prizes for the best essays on vaccination, the awards to be made next year.

DR. GEO. W. WELLS,
editor of the Medical Examiner (a medico-insurance journal) of New York has become its publisher also. This journal occupies a unique place in medicine and should receive the support of the profession.

MEDICAL CHARITIES IN DUBLIN.
Dublin, with a population of 356,240, has twenty-seven free dispensaries, which treat annually 100,216 persons, and twenty-four hospitals, which treat 36,412 persons. There were 4,674 women during the past year who received free attendance during confinement. Evidently the free dispensary business flourisheth on the Emerald Isle, even as it does in American cities.

The dispensary abuse has become of serious importance in Berlin and legislation is asked to regulate it.

RICHARD QUAIN
says: "The extension of medical societies is a proof of their value; otherwise they would not exist."

THE AMERICAN MIDWIFE,
a journal devoted, as its name indicates, to the elevation of midwifery, has made its initial appearance. It is edited by Drs. Henske, Summa and Treutler of this city. Being the pioneer journal of this description in America, it has the field to itself, and it certainly is a field in which much hard work needs to be done. We wish it prosperity.

THE PRODUCTION OF OLIVE OIL.
Spain produces the largest quantity of olive oil, its annual output being estimated at 80,000,000 gallons. Next comes Italy with an annual production of about 35,000,000 gallons. France produces the least, but the quality ranges higher than from either of the above countries, the annual yield being about 35,000,000 gallons.

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Society Proceedings.

MITCHELL DISTRICT MEDICAL SOCIETY.

The Mitchell District Medical Society held its forty-seventh semi-annual meeting at Bloomington, Ind., Dec. 26 and 27, 1895. After the preliminary exercises, reports, registration, etc., the president, Dr. Edmund Andrews, of Chicago, made an interesting talk on "The Diseases, Death and Autopsy of Napoleon I." The Doctor has made careful investigation into this subject, and concludes that his wounds were not serious; that his drowsiness at Ligny and Waterloo was simply the result of exhaustion from overwork and loss of sleep; that there is probably no truth in the rumors as to his being an epileptic; that his cutaneous eruption was eczema; that he had a serious urinary trouble, probably a urethral stricture from gororrhoea, with secondary cystitis, nephritis and albuminuria.; but that his death was due to cancer of the stomach, with perforating ulcer. The tropical climate of St. Helena and the ocean winds had no effect in shortening the life of the ex-emperor.

DR. F. C. HEATH, of Indianapolis, read a paper on "The Relations of Sexual Functions to the Eye," and DR. MARY A. SPINK, of Indianapolis, on "Causes of Neurasthenia Among the Women of Today."

Dr. Heath's paper cited cases in his own experience and in that of others of eye troubles from masturbation and excessive venery in both sexes, and those due to uterine troubles, hysteria, etc., in women. These varied from eyestrain to such lesions as choroiditis, retinitis, etc. They were explained partly as reflex neuroses, partly from disturbed circulation, and partly as among the effects of a general neurasthenic condition.

Dr. Spink's paper classified neurasthenia as reflex, lithemic and simple, the last being most frequent in women. In this form the patient complains of weakness, either mental or physical, or both, and any exertion is apt to be attended by symptoms of irritability of the nervous system. The neurasthenic woman has frequently an inherited tendency to nervous diseases, but it is by no means always the case. A girl of healthy parents may have been sent to a "finishing school" and come out after four years with an idea of fashionable dressing and a longing to be known as one of the "smart set"—highly accomplished, but not educated. She may then be obliged to accept some uncongenial situation, and her unsatisfied longings bring on the condition of neurasthenia. A rich girl may develop the same by an unhappy marriage.

The climate of the United States is also a factor, the extremes of heat and moisture and the cold in the Northwest causing it to occur more frequently than in the East and South. It is an American disease almost exclusively, due to our wrong ideas of living and thinking as to wealth, fashion, etc., lack of an object in life, dissatisfaction, disappointment and unhappiness. The easy establishment of the narcotic habit is also a cause. The remedy is to be found in occupation and definite object in life. The women's colleges and co-educational institutions and clubs, cycling, fencing, golf and tennis have already accomplished a great deal of good, and give promise of much more for the future.

DR. JOSEPH EASTMAN, of Indianapolis, said that it was only in the frequent examinations of the office and bedside that one could realize the possibility of the effects mentioned in these important papers. He had noticed neurasthenia from ovarian or uterine disease, but often it was due to disappointment in love or an unhappy marriage. Such fashions as immovable corsets, high-heeled shoes, and shoes for one toe, with contest of the five for position, also were factors. These cases should be taught not to use stimulants, but such simple remedies as taking a pint of milk in an alkaline stomach with nothing else for a time. Physical exercise was helpful. No medicines were advisable, except tonics like iron and strychnia.

DR. HOLLAND, of Bloomington, referred to the tendency of these cases

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to dwell on their troubles, and believed employment and an aim in life were what they needed most.

DR. McDONALD, of Bedford, cited a case of hysterical throat trouble, benefited by using caustic for its mental effect. The patient attributed her trouble to practices indulged in before her marriage.

DR. JOHN E. HARRIS, of Bloomington, reported a case of "Primary Synchronous Amputation of Both Legs." The patient was brought in, and the excellence of the stumps was shown.

The President referred to a recent French work on surgery, advocating ablation of all amputations, using bichloride and other solutions to embalm the affected flesh, so to speak, to prevent sepsis, and leave the matter to nature.

DR. EASTMAN cited a case in his former experience in general surgery, of an engineer whose limbs were terribly injured in an accident; they were put in troughs of hot carbolized water, charcoal poultices being used later. Amputation was performed four weeks after with success. This would have been impossible when he first saw the case, although it might have been done immediately in primary shock. He believed the steam and heat preserved some of the tissue. Cold water produces anaemia and then hyper-anaemia, but in hot water first hyper-anaemia and then anaemia. He thought there was something in the idea of the French surgeon.

DR. LOWDER, of Bloomington, remarked that Dr. Eastman's case was bound to be treated as he did, but often early amputation would be safer, give better stump, and less danger of sepsis.

DR. HON, of Bloomington cited two cases; one of injury to foot, in which nothing was done for a time, but gangrene required successive amputations from the os calsis to the upper third of the leg; the second, of comminuted fracture of the tibia and fibula, in which early amputation was very successful.

DR. McDONALD, of Bedford, opened a discussion on diphtheria, giving his experience with antitoxin in eleven cases. The bad results were in cases practically moribund. He had but once been disappointed, where he had used it prior to the second day, and in that case there was no effect.

DR. PHIPPS, health officer of Bedford, spoke of their recent epidemic of fifty cases, with thirteen deaths, chiefly in the first few weeks. They saw an improvement since using the antitoxin. He favored it, but would not discard the old measures.

DR. HOLLAND thought the results were as good without antitoxin. Epidemics, as a rule, get lighter. He applies strong solutions of bichloride.

DR. GEORGE W. BURTON found the mortality greatest in those with hemorrhage, without discovering any membrane. If a constitutional disease, it is somewhere else in the system before it is in the throat. Some cases die under any treatment. The mortality is about as great as it was forty years ago.

DR. EASTMAN asked if it were not like vaccination, primarily local, then constitutional, and then coming back with local manifestations at the point of beginning.

At the Thursday evening session, DR. BROWER, of Chicago, gave a very interesting lecture on "The Marks of Disease in the Habitual Criminal and the Remedy," illustrated by the stereopticon. Views were given showing defective development of the front or inhibitive part of the brain, with enlargement of the posterior or emotional part. Outlines of skulls showed this, and the brains showed comparative simplicity in convolutions. There were defects also in ears, jaws and other parts.

The remedy suggested was change in our prison and reform school system. The environment should be different for the poor and unfortunate children; homelike institutions should be established, and they should be taught morality and the useful employments.

DR. E. WYLLYS ANDREWS, of Chicago, read a paper on "Radical Cure of Hernia by a New Operation." The new feature consists mainly in making an overlapping or imbrication of the tissues of the internal ring in suturing. This makes it stronger even than the ordinary case in which there has been

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no hernia. He uses the kangaroo tendon and buries the suture.

DR. EASTMAN has lost faith in animal tendon, having found streptococci even in the Marcy kangaroo tendon. Silver wire was preferable, with a canula and shot, as suggested by Dudley of New York for drainage. He indorsed the doctor's method of strengthening the wall. As to the worthlessness of diseased testicles he would discard sentimentality and not be so fearful of sacrificing testicles until the rage for removing ovaries subsides.

DR. T. N. RAFFERTY, of Robinson, Ill., read a paper on "Puerperal Sepsis."

DR. EASTMAN expressed his pleasure with the paper and its conclusions. The principles of asepsis are neglected. Sterilization is relative, not absolute. Boiling water sterilizes all but the hands of the operator, and body of the patient. Soft soap and water should be used plentifully. If he used a bichloride solution he would boil it. The clothing should also be disinfected.

DR. BURTON spoke of the absence of the disease in the great lying-in hospital at Philadelphia. At the home there should be great care, and everybody should not go in. Preparations should be made in advance. The room should be under the absolute control of the doctor. He used the imported wood-wool. One of his cases was exposed to erysipelas by a caller and died in five days. Opium is not a sheet-anchor but he gives salines.

DR. HARRIS cautioned against using old syringes—he always gets a new one and boils before using.

The Secretary read the paper of DR. COX, of Spencer, on "Typhoid Fever" (with exhibition of specimen of perforated bowel in a fatal case, showing peritonitis, to raise the question whether life could have been saved by operation).

DR. LOWDER'S experience with cold cloths on the abdomen and frequent baths if the temperature reached 103 degrees was very favorable. He thought too many drugs were used as a rule.

DR. HOLLAND is less chary than many doctors as to food, giving eggs, fruit-juice, beef broth, etc. He also applies cold water if the temperature exceeds 103 degrees.

DR. HON used larger doses of quinine in the first fifty cases, but expectant treatment in the second fifty gave equally good results. Pure water and pure air would probably prevent the disease entirely in time.

DR. S. HENRY HERR of Bloomington, considers water more important than medicine. He relies on sponging, sheets wrung out of cold water, or applying water to the face and then fanning the patient vigorously. His cases had all recovered, and there had been no intestinal hemorrhages.

"The History of Medicine in Verse," was read by DR. HON in the afternoon session.

DR. RAFFERTY opened a discussion on "Puerperal Eclampsia." His best results were from veratrum viride, used hypodermically, twenty drops of the tincture, repeated soon if necessary. It reduced the pulse to forty or fifty, but stopped the convulsions.

DR. EASLEY, of New Albany, preferred large doses of morphia hypodermically; had given two and a half grains at one dose; found it safe and effective.

DR. LOWDER had seen five cases get well under use of veratrum and morphia.

DR. HARRIS used chloroform, veratrum, morphia and venesection in twelve cases. One case, in which consultant opposed bleeding, died. Prompt delivery with forceps is often indicated.

DR. HOLLAND did not favor venesection, but preferred chloroform, giving it until convulsion is checked. He also thought pilocarpine a good remedy.

DR. GARDNER and DR. BURTON favored heroic doses of veratrum as safer and quicker than bleeding.

DR. LOWDER and DR. HON use acetate of potassium as a preventive.

The visiting physicians were invited to the State University and courteously shown all its departments by Professor Cravens. Friday night a very enjoyable reception was given by the Oolite Club at their beautiful rooms. The Mayor made an address of welcome to which President Andrews replied, and impromptu speeches were made by Drs. E. Wyllys Andrews, Lowder, Heath, Holland, Fox, Hon, Whitted, Davis and others. Refreshments were served and music and dancing followed. The reception was highly creditable to the club as well as to the citizens and profession of the cultured and hospitable City of Bloomington. F. C. HEATH.

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Department of Railway Surgery

CONDUCTED BY

WEBB J. KELLY, M. D., GALION, OHIO.

Secretary American Academy Railway Surgeons.

PROCEEDINGS: AMERICAN ACADEMY RAILWAY SURGEONS.

A paper on FRACTURES OF THE FORE-ARM, COMPLICATED WITH DISLOCATIONS, was then read by DR. E. GRISWOLD, of Sharon, Pa.

After discussing the minute anatomy of the fore-arm, together with the action of the muscles and the nerves, he reported the following case:

John L. Allen, a fair-haired, light-complexioned boy, aged fifteen, accidently discharged a heavy load of shot into the ulnar side of the right arm, in June, 1883. The ulna was broken from about the junction of its middle and lower thirds to near the coronoid process and the muscular structures largely carried away. The flexor and pronators and portions of the extensors were nearly destroyed close up to the joint. A considerable portion of the interosseous, together with the ulnar artery and nerve, were also destroyed. He nearly bled to death before he could get assistance. The artery was tied at both ends, the ulna cut off smooth at both ends, and the loose fragments removed, leaving a hiatus of four inches in its continuity. The arm was dressed with lint and put on a pillow covered with oiled silk, and a syphon supplied with cold water was made to play on it day and night continually. There was no inflammation or suppuration. It granulated and closed in a few weeks without incident. He obtained a business education and is a bookkeeper. The little and ring fingers are flexed and in a state of permanent contraction. The other fingers and the thumb have a large range of motion, and he says the arm is strong. The median and radial nerves were not much injured. The usefulness of this arm furnishes a striking contrast with the conditions of most of those who suffered similar or even less mutilation in military practice.

L. E. LEMEN, M.D., Denver.

First Vice President A. A. Ry Surgeons.

The following statistics are from the Surgical History of Our Civil War, Volume 2, page 921:

There are 32 cases of injuries to the bones of the fore-arm classified as partial fractures. There were no cases of solution of continuity, but were chipped or grooved by the passage of the balls across their surface. They involve the ulna in 12 cases, the radius in 15, both bones in 1, and 4 not specified. Twenty-eight of these cases were treated conservatively, and of those two died. The other four were amputated in the upper arm, and two of these died. So that the mortality of these 32 cases of partial fracture was 12.5 per cent, a larger percentage than followed in treatment of cases of com-

[STENOGRAPHICALLY REPORTED FOR THE MEDICAL FORTNIGHTLY]

[Continued from page 28.]

Portraits are from latest photographs, engraved expressly for this magazine

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plicated fractures of these bones. In military practice the larger share of fractures of the bones of the fore-arm are in the ulna, the radius being next in number, and bones third. There is a complete record of 5,194 cases of shot fracture of the bones of the fore-arm. About three-fifths of these were treated without operative interference, with a mortality of 6.4 per cent. The radius and ulna were both fractured in 1,291 cases, or a little less than one-third of the whole number of cases in which the seat of the fracture was specified. This group, as might be expected, contains a larger number of cases requiring operative interference than the others in which a single bone only was involved. Three hundred and twenty-three of these 1,291 cases were treated conservatively, and there were 299 recoveries, 103 of whom returned to modified duty, and 196 were discharged. These recoveries were left with a more or less disabled limb, very few of them having much rotation. The death rate was 7.4.

In fractures of the ulna treated conservatively there were 1,044 cases, all but five of which were determined. There were 980 recoveries and 59 deaths, a mortality of 5.6 per cent. Of the 980 recoveries, 490 returned to modified duty, and 490 were discharged. Eighteen of these recoveries had secondary hemorrhages. In three ligature of the brachial, in five ligature of the ulnar, and in four ligature of the radial was practiced. The other six recovered under the use of stypties and compression without ligature. Of the 59 deaths out of 1,039 determined cases of shot fracture of the ulna, the greater number were caused by pyemia and gangrene. Of 999 shot fractures of the radius treated during the war, the proportion of deaths is rather less than resulted from fractures of the ulna, but the degree of disability is greater. Of the 949 of these cases that recovered, 445 returned to modified duty, and 504 were discharged—a considerably larger proportion than was discharged amongst those recovered from fractures of the ulna. Quite a number of the recovered cases had secondary hemorrhage, requiring ligature; a few had hospital gangrene, a few erysipelas, and many had ostitis, necrosis, and exfoliation of bone. There were 147 cases amongst the recoveries in which considerable sequestra were removed. Of the fifty fatal cases in this section, five died of pyemia; six of secondary hemorrhage, two of tetanus, one from gangrene, and two of erysipelas, but the majority of the deaths were reported from exhaustion, and from the various affections arising during their hospital residence.

C. B. KIBLER, M. D., Corry, Pa.

Treasurer A. A. Ry Surgeons.

In closing the paper Dr. Griswold called attention to the statistical results, which show a great difference in the mortality of cases treated conservatively and those treated by excision or amputation.

The fact, however, is not to be overlooked that the milder cases were, as a rule, treated conservatively, and the more severe by excision or primary amputation. Unless anti-septic surgery can improve the results of excision of the bones of the forearm, the operation ought to be abandoned in military practice, and the same remark may apply equally to railway surgery.

PROF. A. D. BEVAN, of Rush Medical College, was then presented, and delivered a lecture on MASTOID DISEASE.

He stated in substance: "I do not know of any other field of surgical work which involves such a thorough knowledge of the parts as mastoid dis-

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ease and its resulting complications. I would say that I have here a number of specimens selected from a lot of work which I did during last winter. I operated on thirty-five cadavers, made seventy operations on both sides of each cadaver in this line of work, to determine some of the points in regard to anatomy, and to determine especially the position of the facial nerve with relation to the sub-medial triangle, and to demonstrate the best method of entering the temporal bone and the cerebellum and the sigmoid portion of the sinus.

"From experimental work which I did, following very closely in the line of McEwen and Kerner, I determined the points which are practically laid down by McEwen in regard to the opening of the mastoid antrum. And the key to the entire situation is the mastoid antrum, and a successful opening of the mastoid antrum can always be made if we adopt and follow these simple rules: If we examine the skull carefully we shall find, immediately behind the temporal ridge, the posterior border of the Zygoma, a ridge running into the tempera ridge. This ridge is the upper line of a triangle known as the sub-medial triangle.

"If we select the upper portion of this triangle, immediately below the posterior root of the Zygoma, we shall find thus a point about a quarter of an inch behind the external auditory meatus and its roof. Now, if we place a dental bore, which is the best instrument to open the mastoid, or if you place a fine chisel in this direction and open in the direction parallel with the external auditory meatus, we will invariably open into the mastoid antrum. The mastoid antrum is constant. Very often you do not find mastoid cells, but you invariably find a mastoid antrum. The depth varies very much, indeed. Sometimes you will find it at the depth of a quarter of an inch, and sometimes as deep as five-eighths of an inch from the external surface of the bone, but the landmarks are constant. Now, in order to avoid the important structures in this vicinity, we must understand the exact position of the facial nerve and of the sigmoid sinus. The facial nerve is in the position of this black line (indicating on the skull) on the posterior wall of the external auditory meatus, running over the facial bone, entering at the internal auditory meatus, it runs first forward and a little upward, until it reaches the position in the bone; it then makes a right angle turn, then a second right angle turn and comes out.

"But the simple anatomical fact to remember is this: That the facial nerve is in this plate of bone between the auditory meatus and this opening which you have made in the mastoid antrum. Now, that is very important, because you find the statement made by some specialists in ear work that in their mastoid work they first open the mastoid antrum, then they chisel away this posterior plate of bone. Now, God knows, they will cut the facial nerve every time. It would be the greatest luck in the world—it would simply mean that the chisel had broken the bone—if the facial nerve was not cut off, but it can always be avoided if the operation is made in the way I suggest.

"Another point, besides the facial nerve, the position to avoid is the position of the sigmoid sinus. This can practically always be avoided. It is possible that this is hardly a fair statement to make, because the best practitioners have opened up the sigmoid sinus in work of this kind, but in work which I have done in the dissecting room, and in almost all of the work which I did, there was no difficulty whatever in avoiding the sigmoid sinus. The exact position of the sigmoid sinus you can determine by drawing a line from the articulation of the lower and external angle of the parietal bone to the typical mastoid process. The upper two-thirds of the line will give you very plainly the position of the sigmoid sinus. Of course, it is a point which it might very often be necessary to determine. In an ordinary mastoid case it would not be necessary to open it.

"Van Bergman makes a very neat suggestion in this work, and his routine of work is this: First, opening the key to the situation, the mastoid antrum; then, if we have intercranial lesion, open up a square over the point just about the position of

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this temporal sphenoid, removing that plate, or working it down and exposing the dura mater, then with a scapula elevating the dura mater, from this working it backward over the interior surface of the temporal bone, until you reach this position (indicating), and more than a majority of the cases that we have are in the temporal sphenoid alone. Van Bergman's routine of work is to open into the mastoid antrum, then expose the temporal sphenoid alone, if the difficulty is found there, as it is in two-thirds of the cases. If, however, he does not find the difficulty at that point, then he extends the operation from the mastoid down over the sigmoid sinus. If he does not find the difficulty at that point, and there is evidence of intercranial lesion, he extends the operation in the same line.

"One interesting point developed is the fact that following mastoid disease without involvement of the temporal sphenoid lobe or cerebellum, patients have died from sepsis, from a septic thrombus in the bulb of the jugular vein.

"Another interesting point in connection with this kind of work is the necessity of ligating, sometimes, the jugular vein. The work in this direction has as yet been limited; I do not think sufficient in number or exact enough in all the cases to determine the exact value of the ligation of the internal jugular. Personally, I do not think it is a good method, unless we can actually demonstrate lateral sinus thrombosis and possible involvement of the internal jugular, because you may have, as has been reported in one of the recent numbers of the Medizinische Wochenschrift, a case in which the internal ear was like this: The patient had sepsis, and it was found that the septic material had blocked up the place above the point of the ligature and had been carried in from other radicles."

In speaking of the value of this operation, Dr. A. D. Bevan mentioned that in McEwen's work, which is the best that has been done on this subject, it shows that out of some twenty cases, he saved over 70 per cent, even after involvement had begun. But the great value that should be recognized by every physician is the prevention of intercranial lesion. How many times would a simple mastoid operation prevent intercranial lesion, and anyone can do it with a knife and gimlet, and all you have got to do is to know the simple anatomical rules which will enable you to open the mastoid antrum itself.

(TO BE CONTINUED)

ADULTERATION IN BERLIN.

During the month of Aubust 374 samples of foods and drugs were officially examined in Berlin. Of these, forty-threewereadulterated. The adulterated samples included butter, milk, olive oil, citron oil, chocolate, chicory, sausages, pepper, groats, spice, vinegar, rum and wine. Of sixty-five samples of butter only three were falsified, two being pure margarine, and the third a mixture of butter and margarine. Sausages made of liver with the addition of starch were also taken exception to.—Apotheker Zeitung.

Rest is now recognized as the very basis of the treatment of nervous diseases. Each year evidence accumulates, showing how necessary, indeed, how imperative, is removal from the scenes of worry, of fret and agitation, and surroundings compatible with the imposed conditions for recovery or improvement. Once placed where the troubles, the friction, the countless and endless cares are left behind, the nervous invalid, with other appropriate treatment, commences to improve and ultimately recovers.

From personal results we know of no more inviting and appropriate place for genuine rest, or where medical care is more efficient, than at the delightful Alma sanitarium.

Medical men like to be neatly dressed. It adds dignity and invites confidence. Too well, indeed, does the "quack" recognize the value of being well dressed. This, with his assurance, is his whole stock in trade. Now, from the standpoint of business alone, it behooves the medical man to keep his exterior as inviting as are his general qualifications as a man and a practitioner. To this end, then, let him be neatly dressed. Losse, the tailor, 815-817 North Sixth street, St. Louis, is prepared to answer the demands of the most fastidious with the latest in materials and styles.

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Reports on Progress.

GYNECOLOGY

BY T. C. WITHERSPOON, M. D.

ENDOMETRITIS.

Winckel (Wiener Med. Woch., No. 27, 195) says: In endometritis exfoliativa there is never any infiltration, as has been asserted. Between the shedding of one membrane and the development of the next there may not be the slightest trace of a discharge. Tuberculosis of the endometrium is rare, the tube being the seat of tuberculosis of the female genitalia. Gonorrheal endometritis is very frequent. and the gonococcus travels not only by the endometrium to the tubes, but also by the lymphatics to the peritoneum. Recent literature records no instance of the true diphtheritic endometritis. The well-known septic puerperal type is chiefly set up by streptococcus pyogenes aureus. Purulent senile endometritis is saprophytic.

REPRODUCTION OF ENDOMETRIUM.

L. M. Bossi found the uterine mucosa reproduced and histologically complete twenty-eight days after curettage. In another, where historectomy was performed fifteen days after curetting, the mucosa showed here and there spots of uncomplete membrane, the rest having been restored. In seven cases the development of the orum twenty-five to twenty- nine days after curettage occurred, which terminated in labor at full term. He argues, however, that in most cases the removal of the intima is incomplete and after proper curettage the patient should be directed to observe sixty days of sexual rest.

ARTRESIA VAGINÆ.

H. Hahn of St. Paul reports a case of congenital artresia of the vagina with vicarious menstruation from the bladder. The uterus and upper vagina were normal to touch, as were also the ovaries. After establishing the vagina, the bladder menstruation continued for four months, when, by careful stimulation of the uterine mucus membrane, the menstrual flow was established from the uterus.

EXTRA-UTERINE PREGNANCY.

M. Pinard (Academie de Medicine. Paris) reports a case of extra-uterine pregnancy discovered at six months. Just prior to term the abdomen was opened and a live child removed. Walls of cyst were sewn to the margins of the abdominal opening, the edge of the placenta being included in the suture. The cavity was filled with iodoform and salicylized gauze. The child weighed five and one-half pounds. The placenta came away piece-meal during the fourth and fifth week. In summing up, Pinard says: "In the first half of pregnancy, or when the foetus has been dead two months, the cyst should be treated as a malignant growth. When the foetus has been dead but a short time, he prefers the remote risk of suppuration to the certain one of hemorrhage. If the foetus is alive at six months, he delays operation till it is viable, which in extra-uterine foetation is not until the ninth month, the risk to the mother from hemorrhage being in no wise increased by waiting after the placenta is once fully formed. With regard to the child, deformities are frequent in extra-uterine pregnancy and are comparable to those in the children of primiparal, with little amniotic fluid and resistant uterine walls.

MALIGNANT DECIDUOMA.

Fraenkel (Archiv. of Gynak., vol. x. to xi., pt. 3, 1895) has recently added to our knowledge respecting the malignant changes which sometimes take place in the uterus after gestation. Undoubtedly malignant deciduoma is often on clinical evidence associated with hydatiform mole. Small portions of a mole of this class usually remain

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behind after the greater part has been expelled. The superficial epithelial layer (syncytrum) of the chorionic villi proliferates when a vascular mole develops. It is from this abnormal development of epithelium that the cancerous change known as malignant deciduoma is evolved. The deep cellular layer of the villi (chorionic) takes no primary part in the mole or cancer development.

POST-OPERATIVE HERNIA.

A. Lapthorn Smith, in his paper read before the American Gynecological Society at Baltimore, emphasizes the possible occurrence of hernia after Alexander's operation.

Nervous and Mental Diseases.

BY FRANK PARSONS NORBURY, M. D.,

THYROID FEEDING IN MENTAL DISEASES.

Dr. C. K. Clarke, (Med. Superintendent Rockwood Hospital, Kingston, Ont.), has been experimenting with thyroid feeding in stuporous cases of insanity. His observations during an epidemic of typhoid fever, in his institution, convinced him that the favorable modification of the mental symptoms by the acute disease, that theoretically many cases of stupor should recover, if there was something which would give them the start toward mental restoration. With this as a basis for his experiments he commenced thyroid feeding. A decided reaction was sought for and the dose of thyroid regulated by the tolerance of of the patient. The work which he has done shows conclusively that thyroid extract is a therapeutic resource of value in cases of stupor; just what cases to select for treatment will be determined by prolonged observation. His explanation is that cell nutrition is undoubtedly affected in a striking manner; increased metabolism occurs as a result of quickened circulation and the antitoxic process so frequently present in cases of mental diseases, is interferred with in a way that is beneficial. In other words patients are given a new start. This work is the first of its kind attempted in America. (Erysipelas occuring in cases of insanity will produce temporary and sometimes lasting beneficial results. Acute diseases, like pneumonia in cases of chronic stupor, has produced partial and in one case, under my care, complete recovery).

F. P. N.

THE RELATION OF PELVIC DISEASE TO MENTAL DISORDERS.

In the Medical News, (October 5, 1895), Dr. Davenport, of Kankakee, Ill., says in the light of our present knowledge, no amount of pelvic or other physical disease will cause insanity if the conditions for this disorder do not exist in the brain, and yet we know that the sexual apparatus has a profound influence over the life of women. The gynecologist has a very useful place in the treatment of the insane in that it is possible to afford much relief and comfort to a class who cannot properly care for themselves; and by removing a source of nerve irritation render the patient less irritable and restless, and in treating those cases who believe that all their ills are due to uterine disease, and it being treated for these ,they have confidence and hope for recovery from mental disorder. Radical operations, as practiced by Rohe have been successful in a certain number of cases, in his hands. Thus, among 22 cases, there was recovery in 5 and decided improvement in 7. An interesting fact is that the cases of recovery and decided improvement represented a form of insanity that appears to be strongly influenced by the sexual organs. Removal of the uterus and appendages does good in some cases and patients should have benefits if there is a chance for recovery. (It is certainly true that gynecology as practiced ordinarily in insane hospitals is too conservative; in fact the extent of its practice is so limited that it may be said gynecology is not practiced at all. Recently I have seen two cases benefited by surgical interference, one of

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seven years duration greatly improved and one of few months duration restored to reason. Many adolescent girls who go to the insane hospitals can be benefitted by the gynecologist and should have his care.

There are too many cases neglected for the want of proper diagnosis and proper treatment. Every insane hospital needs thoroughly equipped facilities for the treatment of diseases of women as well as insanity. F. P. N).

MENTAL SYMPTOMS OCCURING IN BODILY DISEASES.

Dr. E. S. Reynolds, read a very interesting paper from which he drew the following conclusions: 1. It is rare for actual insanity to develop during continuance of bodily disease.

2. Mental disease develops after fevers, poisons, injuries and operations and heart disease (in about this order of frequency).

3. In early stages of fevers and after injuries and operations mania is the most common form of insanity, but in other conditions depression is more common; the most common form is the insanity of persecution, such as is seen in phthisis and heart disease and after typhoid fever.

4. There is no special form of insanity connected with special bodily disease, so that it is impossible to diagnose the bodily disease from the mental disease present (except in alcoholic paralysis).

5. Insanity occurs in multiple neuritis, poisoning by alcohol, carbon bisulphide and lead; pellagra, typhoid, typhus, scarlet and rheumatic fevers; influenza, gout, pneumonia, phthisis, syphilis, septicaemia and iabetes.

6. When the cause is not continuous —as in fevers—the mental symptoms in the great majority of cases disappear in heart disease and phthisis they may reappear from time to time; but in some cases as in gouty kidney, they only disappear with death.

RELATION OF EPILEPSY AND INSANITY.

W. R. Gowers opened the discussion of this most interesting and complex subject. He said: "We must restrict our consideration to idiopathic epilepsy. Epilepsy and insanity are alike disorders of the cortex of the brain, the result of changes in finer nutrition which have yet, to be discovered. Our present knowledge of the central nervous system, says, we have not yet looked into the right place for the morbid changes, which underlie either the one disease or the other. According to the latest conceptions it is in the spongy grey matter, in the interlacing net-work of fibrillae which intervenes between the cells, in which their branching processes end, it is in this that all nerve energies elaborated, that all ordered action arises and all disorder is produced.

The first great fact between insanity and epilepsy is their interchangeability. The sensory aura shows the discharge begins in sensory region and the minor attacks show inhibition of psychical processes; an extended observation shows that these derangements occur in the regions, which also cause insanity. Further observation is needed in this line. Also family history must be studied, there is a tendency to conceal hereditary influences among the upper classes. Inheritance is shown in 35 per cent. of Gowers' hospital cases, while it reached 48.4 per cent. in private cases. The occurence of epilepsy and insanity in the same individual requires careful limitations in study.

Only cases of definite mental derangement are to be considered. Post-epileptic mania needs more study from asylum side. We need a large number of facts, compared, digested and combined. Epileptic mania according to Hughlings Jackson, shows that the slighter the epileptic discharge the more manifest and elaborate is the post-epileptic action.

The commencement of many epileptic attacks, especially minor attacks, is preceded by physical disturbance, often assisted with activity, special sense centre. Some epileptic patients pass into a definite state of insanity, usually transient, and taking on a form of mania, although occasionally takes a form of dementia, with or without delusions. The relationship was further discussed by others and to make it one of greater interest a committee was appointed to investigate the subject more elaborately.

Only casesof defintie mental derang-

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Spirit of the Medical Press

AN ADDITION TO THE DIETARY IN ACUTE AND CHRONIC DISEASES.

By Dr. Thomalla, Physician in Chief to the Marien Hospital, Huckeswagen, Germany.

Zeitschrift fur Krankenpflege.

After favorable reports on Somatose, the new albumoses preparation, had appeared in various periodicals, I felt in duty bound to give this product a critical investigation with regard to its value in the nutrition of diseased and weakly individuals. The amount of albumoses in Somatose has been estimated to be 84 to 86 per cent, the amount of nitrogen, 13.5 per cent.

It is well known how important the albumins are in the dietary of healthy persons, since the albuminous elements of the food serve to preserve the constant nitrogenous losses of the body, associated with the vital processes. As it may be assumed that an individual in disease requires at least 70 grammes of albumin per day, we can readily understand that in cases where only minimum quantities can be assimilated, especial care must be taken to support the strength by the use of albumin in a readily digested form. Above all, consideration must be shown to this point in febrile affections. It is a generally accepted fact that the assimilation of foods is very slight in conditions of high fever, but better in those of less severity. Hosslein found that in typhoid fever, attended with moderate diarrhoea, the albumins and fats of milk are quite well utilized, and hence he advised that fever patients should receive an abundance of nourishment, even albuminous substances, but that the foods should be well prepared and administered in a fluid and palatable state. Other authors found, on the contrary, that the albumins, but not the fats of milk are readily absorbed, since the quantity of fatty matter in the feces of a child suffering from fever increased to more than 40 per cent of the dry feces under a milk diet. In cases of fever, therefore, where we desire to employ a milk diet, it will be advisable to increase the quantity of albumin and diminish the amount of fats. This I have accomplished by adding to the milk an equal quantity of water, in which I had dissolved one to two teaspoonfuls of Somatose. Now, every physician knows that an existing fever may be increased by an abundant supply of nourishment. It is necessary only to point to the exacerbations of the fever in peritonitis, as well as in all other inflammations of the abdominal organs, after the administration of an abundant diet of solid foods. But we must justly ask ourselves whether the cause of this is to be sought in the food supply itself, or rather whether the diet has been unsuitable, and too little consideration has been shown to the abnormal condition of the digestive organs. In many cases an excessive quantity or too firm consistence of the foods will enhance the febrile excitement by exerting a deleterious influence, in consequence of the mechanical irritation of the mucous membrane. Aside from this, it is readily explicable that the foods, owing to their character and quantity, are very incompletely digested, and affect the intestinal canal through the products of their fermentation and decomposition.

In the treatment of five cases of typhoid fever, Somatose has proved to be of remarkable service. In such cases it must be borne in mind that the fever is prolonged over considerable time, and hence is attended with a marked risk of failure of the vital powers. It must further be remembered that it only gradually reaches the acme stage, and that in its course the mucous membrane of the small intestine becomes inflamed to such an extent that in almost all the more severe cases there is a formation of intestinal ulcers. It will be readily seen that in view of these factors, the greatest attention must be devoted to the nutrition of the patients, and everything must be avoided which will augment inflammation of the intestinal mucous membrane and prevent the healing of the ulcers. On the other hand, we must give these patients as much food as they are able to digest. In all my five typhoid patients, two of whom came under observation in the later stages of the disease, after the development of intestinal ulcers, I derived the best results from Somatose, in connection with milk, milk soups, light bouillon, etc. I found that they remained in a quite vigorous condition, and that the

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convalescence was more favorable and shorter than usual. If we consider that one gramme of Somatose in its percentage of albumin corresponds to about four grammes of lean scraped meat, and that of the meat products, scraped raw meat is the only food that can be administered to such patients, with the expectation that it will be digested, it will be at once seen that it would be difficult to administer to a typhoid patient, who is able to tolerate and digest from fifteen to twenty grammes of Somatose, a sufficient quantity of chopped or scraped beef that its albuminous contents would correspond to the ingested Somatose. Aside from typhoid fever, we observe a marked irritability of the mucous membrane of the digestive tract in acute gastritis, gastro-enteritis, etc. The chief danger in these diseases is not in the height of the fever, but in the persistence of the vomiting and diarrhoea. In consequence of this it is not only difficult for the patient to retain food, but also to utilize what has been ingested, and therefore conditions of debility, and especially cerebral anaemia, are developed at an early period. If we consider that in these cases, notwithstanding the great loss of strength, we are unable to administer nothing of a nutritious character for many days, but are restricted to light drinks, such as ice water with a little white of an egg, it must be conceded that we have received an important auxiliary in Somatose, which is readily soluble in water. I have employed this preparation in a case of acute gastritis, with very good success.

In pneumonia, I have tried Somatose in a number of cases, without a single failure. I have always found that the general condition of the patient, and especially his heart action, remains in a vigorous state, although in one case I was compelled to administer large quantities of antipyretics. I likewise resorted to the use of Somatose in connection with wine and cognac in the pneumonia of an alcoholic subject, and was able to observe that the cardiac action continued strong and that the course of the disease was extremely favorable. In pleuritis I repeatedly employed Somatose with excellent results. In a case where I had to perform resection of the ribs for an empyema, due to protracted pleurisy, Somatose proved very serviceable. The patient was so reduced in health by the persistent malnutrition that, at first, I feared to place her under chloroform anaesthesia, but after respiration of the pus, I succeeded in so improving her by the administration of Somatose, in admixture with her other food, which was chiefly fluid, that in the course of eight or ten days the heart action had become so much increased in strength that chloroform anaesthesia could be induced without risk. In diphtheria, especially in children, I always administer Somatose from the beginning of the disease. During the administration of this preparation in febrile diseases I have never observed an increase of the fever.

Aside from these patients, I employed Somatose in many chronic cases, such as scrofulous affections, especially those attended with disease of the nose, eyes and ears, and must record uniformly favorable results. Anaemic persons who, in consequence of gastric catarrh, or simply in consequence of repugnance toward meat and egg foods, were unable to take ferruginous preparations, as well as a chlorotic patient, who suffered from extensive gastric ulcers, also derived excellent results from Somatose. Further, it was well tolerated in the case of a lady suffering from diabetes, who for weeks received Somatose in soups and drinks without her own knowledge. In children I gladly prescribe Somatose, and in the case of a feeble child which, besides her customary food, received a teaspoonful of Somatose in milk or soups three times daily, I observed, in the course of fourteen days, an increase of 2¼ pounds. I would mention, in this conection, that Somatose in the form of chocolate and biscuits, is extremely well relished by children. It can also be obtained in the form of a cocoa powder containing 10 per cent, which, with the addition of milk, constitutes an agreeable and especially nutritious substitute for coffee and tea for children, as well as weakly adults. If it be remembered that Somatose is completely tasteless, it will be preferred to many similar preparations; it must be further considered that in severe febrile cases no cardiac weakness will be observed, despite large doses of antipyretics, during the regular administration of Somatose, so that we may be convinced that the albumoses contained in this preparation are well digested and assimilated, even in severe fevers, and therefore must exert a beneficial influence upon the cardiac functions.

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THE MEDICAL FORTNIGHTLY is devoted to the Progress of the Practice and Science of Medicine and Surgery. Its aim is to present topics of interest and importance to the General Practitioner, and to this end, in addition to a well selected corps of Department Editors, it has secured correspondents in the leading Medical centers of Europe and America. News of Societies, and of interesting medical topics cordially invited.

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Editorial Department.

New Treatments Established in 1895.

THE year of 1895 was one that will be recorded in the history of medicine as truly eventful, making the establishment of sero-therapy and the extension of the use of animal extracts. Antitoxin is now accepted as an agent of great value, and is on a footing with the great discovery of Jenner, a century ago. History will ever go back to 1895, as the year in which antitoxin received recognition. And what a great advancement is this treatment for diphtheria. Contrast, but a year ago the ravages of this disease, with the reports which are daily coming in, to endorse the efficacy of this most humane and truly wonderful treatment. Think of saving the lives of 40,000 individuals in Germany alone, to say nothing of the reports from other countries. Is this not an epoch in medicine, which will resound to the end of time, the greatness of medicine? Modern medicine is not content with this progress, but is pushing out along other lines, and ere the end of 1896, we hope to chronicle events showing that other diseases have been curbed in their disastrous progress. Tetanus and tuberculosis have come within the range of serum-therapy also, during the year; reports favorable to the expectation of experimenters with this treatmeut have been received. Behring is decidedly hopeful of greater progress in the treatment of other diseases along the lines already established.

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The animal extracts, too, have come in for their share in the progress of medicine. The nucleins are giving evidences of a wide range of usefulness, and are established as agents worthy of our greatest respect. Thyroid extract has extended its honors, and is now the established treatment of the thyroid gland, &c. Cretinism has been especially benefited by this treatment. Can any one, alive to the best interests of his profession, as he reviews the year's work of 1895, help but say, truly medicine is a wonderful profession, and "I am glad I am in this army of workers." Let every physician determine to extend the usefulness of these valuable therapeutic agents, by using them and reporting results to the FORTNIGHTLY.

F. P. N.

Medical Progress vs. Medical Journalism.

IS a medical journal justified, because of its bigotry, in attacking, deriding or condemning therapeutic measures which every enlightened medical observer (who is unprejudiced) knows is a valuable agent—its value being attested by fast accumulating evidence from all medical centres, showing that it is a powerful agent for good in its special place? We allude to the use of antitoxin in the treatment of diphtheria, which is, in our opinion, the greatest medical event of the year 1895, and one of the greatest of the century. We are surprised at such unscientific, (presumably prejudiced) attacks upon this remedy, as are to be found in the *Medical Brief* (the journal having the "largest circulation in the world"). If it does not believe in serum-therapy, all well and good, but if scientific men from all the leading medical centres of the world, show its value *in results*, can it not, at least, be frank enough to acknowledge it MIGHT do good. It is an unwarranted attack to circulate such biased opinions, for they must necessarily do harm if this journal's subscribers have faith in its columns, and even if one physician is deterred in using this remedy, when its use may do good, it is sufficient to say, that harm is done by such bigotry, such uncalled for condemnations, and leads us to say that a physician editor, has a duty which he must discharge, conscientiously and unprejudiced, in his endeavor to present facts, which clinical experience sustains. By so doing he puts his readers in touch with the progress in medicine, destined to do good to their patients, on whom they depend for their patronage. A medical editor should have for his motto, "Do all the good you can, in all the ways you can, as often as you can;" on such a basis he can *see good* in the advancement made in serum-therapy. We do not wish to accuse our neighbor of not keeping in touch with this progress, but it strikes even us, that he sees progress "through a glass, darkly."

F. P. N.

PROSPECTIVE PUBLICATION.—The genial and versatile Dr. G. Frank Lydston has in preparation a book of doctor's stories, called "The Tales of a Talkative Doctor." The contents will comprise: Character sketches from real life; psychological studies; satire of current medical follies; dialect stories and every day medical philosophy gleaned from the life of a busy doctor, together with the "rhodomontades of a sociable skull." We are sure it will be good.

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A Hospital's Responsibility.

IT is a question of vital interest to a hospital to know just what is the responsibility it should bear, for the acts of physicians, who bring patients within its walls for treatment. It strikes us that like the editor who is not responsible for the utterances of contributors to his columns, the hospital should not be held responsible for the acts of its patrons. We are not indulging in what may be the law, but simply what we think is right. A recent experience here in St. Louis, cast great reflection on one of its hospitals, when in truth the hospital had no more to do with the case, than did "the man in the moon." It simply provided the operating-room and the facilities for the care of the patient. Further than that (they being adequate and furnished as all good hospitals should be) the hospital was not responsible. It is not true that the Woman's Hospital is dirty, unhygienic and ill-cared for, but considering all things, it stands far ahead of many institutions of its kind, here in this city. As a medical journal of St. Louis, we have no more defence to make for this hospital, than any other, only this, we think that fairness demands, that the medical profession know that the sensational newspapers, piqued at their inability to get information which they should not have, slandered the hospital to compensate them for their inability to get "a scoop."

The Medical Plunger.

IN the study of mankind the plunger, wherever you find him, attracts attention. Like a comet sweeping o'er the heavens, in his career, he leaves a trail behind him, the brilliancy of which may for a time awe us, then only interest us, and finally with the "burning out" process it lingers like the last red coal in the grate, to finally sink into ashes and be buried in oblivion. This plunger is radical in all that he does. He puts his head down, takes the bit in his mouth, and rushes ahead, as if his eyes were shut. On and on he goes, until at last, some one's short pull at the bit, is sufficient to set him back on his haunches, and he is compelled to take notice of his surroundings; where he is—what he is about and whither bound. Alas! too frequently, such halts are considered simply in the light of false alarms, but momentary notice is given to them, and again the bit is taken in the teeth; away he bolts, over conservatism, precedent, custom and caution, and in his reckless and monstrous plunging upsets those who try to cry whoa! or gee! or haw!

Ineffectual are the efforts to check his speed or alter the direction, until at last he tries to cover, with one reckless bound, a hedge on which is plainly written the sign, CAUTION! *No trespass!* but over he goes. He lands in the ditch, where he struggles and tosses, only to find that the mud and the mire stick; he can't get out. Then he sends for help, and wants those who cautioned, who reasoned, who tried to persuade, to pull him out. Human kindness is such that it stoops to do this, but does the plunger ever regard their feelings, or notice sometimes the humiliation in which they are placed, simply to *get him out?* No! the plunger thinks it is their duty, and as soon as he gets his wind, he is apt to enter another race. He might be a

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little cautious at first, or even he might enter the race over another course, only to go over the same wild ride again. Some plungers will always be plungers—it is in the blood—but occasionally one such experience may debar them from ever entering again, and they settle down to become a good, ordinary, work-a-day individual. Such a career would be and is one of usefulness, *not so brilliant*, but it is more apt to be crowned with what is a better reward, the knowledge of having been of service, and made the world better for having lived in it. F. P. N.

Prof. Burt G. Wilder.

ON the evening of January 15th, Prof. Burt G. Wilder, of Cornell, delivered a most interesting lecture on "Some Problems Connected with the Cerebral Diseases" before the Alumni Association of the St. Louis Medical College. The lecture was plentifully illustrated with charts and photographs, and was attentively followed by a large audience which included many invited guests. At the conclusion of his exposition of the subject announced, the lecturer made some additional remarks on the value of the cat as a subject for the study of anatomy, and incidentally spoke of his abhorrence of all infliction of unnecessary pain on animals. For him, he said, the letters K. K. K. meant Kloroform Kills Kats. In this connection it may be mentioned that cats have for some time been largely used at the St. Louis Medical College in the study of comparative anatomy, and as an introduction to work on the human subject. This method, introduced by Dr. G. H. Gregory, Jr., has yielded excellent results. The junior student knows something of the art of dissecting before he begins on the human cadaver, and thus less material is wasted. There is no shortening of the time given to human dissection, as that on the lower animals is done between the time of operating in September and the advent of cold weather in November.

Dr. Wilder's well-known treatise on the Anatomy of the Cat, written in collaboration with Dr. S. H. Gaga, is a vehicle for the introduction of his new terminology, which is already in part accepted. J. G.

Artificial Respiration.

THE necessity of familiarity with all the means at our command, with which to maintain respiration, when, from any cause the respiratory movements are arrested, is apparent to all. Recent experience with the Laborde method of artificial respiration, by Dr. Edward Martin, of Philadelphia, have lead him to give endorsement to this simple, yet successful method of resuscitation.

In the December (1895) number of the *Therapeutic Gazette*, Martin has this to say: "More than three years ago Laborde announced that respiratory movements which had ceased from asphyxia or other causes, life not yet being extinct, could be restored by rhythmical traction exerted upon the tongue." * * * The physiology of this method is explained by Laborde thus, traction upon the tongue directly exciting the diaphragm to its respira-

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tory function; the sensory impulse being conveyed by the superior laryngeal, terminal, tracheal and bronchial expansion of the pneumogastric, the glosso-pharyngeal and lingual, exciting a reflex, which is expended upon the motor respiratory nerve, particularly the phrenic. The method is applied as follows: The asphyxiated person is placed on his back, with the head low, the clothing is loosened about the neck, and the jaws are opened and kept open by a wedge passed between molar teeth, a knife-handle, or cane end, or any other object of suitable size serving for this purpose. The throat is freed of mucous by the finger, or by a handkerchief wrapped about the finger. The thumb and index finger are covered by one thickness of a handkerchief, to prevent slipping, and then the tongue is seized as far back from the tip as possible. Fifteen times to the minute and at about equal intervals, the tongue is pulled out sharply, and the tenison immediately relaxed. This traction must be exerted so that the whole body of the tongue is affected, and not merely its point. At the time the first two or three tractions are made, it is well to introduce the index finger of the other hand into the pharnyx, as though an effort were made to induce vomiting. These tractions should be kept up at least thirty minutes, and may be continued an hour. When assistants are at hand this method should be reinforced by mechanical artificial respiration. It may be further reinforced by external heat and friction of the body.

Every anæsthetizer should have a pair of flat-billed forceps with which to seize the tongue and draw it forward when respiration becomes obstructed or fails. Striking cases, both in Europe and in this country have been reported, showing the usefulness of this method. Especially is it valuable when but one method of artificial respiration can be adopted, as in the case of a single helper in charge of an asphyxiated patient, then it is that the Labrode method is pre-eminently the best. Because of its ease of application and its efficiency, this method should be taught as the first and most efficient means of resuscitating the apparently dead. F. P. N.

THE story of the man out West who moved so often that the very chickens, when they saw the covered wagon brought out, fell on their backs to have their feet tied for the journey is familiar to everyone. But it remains for a woman out West to afford a new illustration of the force of habit. Having some chronic uterine complaint, for the treatment of which she had suffered many things of many physicians, one day she said to a friend: "Whenever I see a physician I feel like taking Simm's position."—*Fort Wayne Medical Magazine.*

PRIMA FACIE EVIDENCE of the increasing popularity of THE MEDICAL FORTNIGHTLY is exhibited in the full-page list of new subscribers found in this issue. This magazine bears the distinction of being the only one in the world that publishes a monthly list of *bona-fide* new subscribers. THE FORTNIGHTLY is holding all its old friends as well as acquiring many new ones, by the stand it has taken in regard to the secret-remedy advertising.

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Fortnightlettes

Dr. A. M. Corwin, of Chicago, has devised a multiplex stethoscope for class demonstration.

Dr. James Edmund Reeves, of Chattanooga, Tenn., died Jan. 4, at the age of sixty-seven. Dr. Reeves achieved fame as a microscopist.

Sir Henry Thompson, surgeon, lately received a legacy of $500,000 from a patient, and now the dissatisfied heirs are trying to nullify the bequest.

The Illinois Supreme Court has decided that physicians cannot be compelled to report contagious diseases or render other services to the public without pay.

Professor Johannes Gad, of Berlin, has been elected to the Chair of Physiology in the University of Prague, in place of the late Professor Hering.

Dr. Jameson, of Transvaal fame, is said to have been for a long time a successful practitioner and the leading surgeon in the country of his adoption.

The Frederick Douglass Memorial Hospital for Colored People has been established on Lombard street, above Fifteenth, Philadelphia. St. Louis would welcome a similar institution.

Professor Braun, of Koenigsberg, has been called to the Chair of Surgery in the University of Gottingen, in succession to Koenig, who was recently made a member of the faculty of the University of Berlin.

The San Francisco city council has prohibited bicyclists from holding on their machines any child under the age of six years. This is the outcome of a recent crusade by the Society for the Prevention of Cruelty to Children.

A curious accident from bicycling is reported from Newcastle, England. A man, in mounting his wheel, missed the saddle, and striking his perineum on another part of the machine, ruptured his urethra, with serious consequences.

The women of Kentucky are circulating a petition among themselves which they will present Governor Bradley, requesting that he appoint only married men as resident physicians at the various insane asylums in the state.

THE GOLDEN JUBILEE

Of Dr. G. Lewin, the well known dermatologist, was celebrated in Berlin recently under the auspices of the Dermatological Society.

DEATH OF DR. POWELL.

Dr. Thomas S. Powell died in Atlanta, December 30. He was a native of Brunswick County, Va. He practiced in Atlanta forty years, and founded the Southern Medical College, of which he was president.

THE ADVANCE OF WOMEN.

The University of Budapest, in response to an inquiry addressed to it by the minister of instruction, has expressed the opinion that women should be admitted to the classes in the medical and pharmaceutical faculties, and should be eligible for degrees in those subjects.

THE MEDICAL DEPARTMENT OF THE UNIVERSITY OF WOOSTER.

Articles of agreement between the Medical Department of the University of Wooster and the representatives of the Ohio Wesleyan University have been signed which make this old and well known medical school an integral part of the latter university. The faculty will remain as at present. The dean, officers and members of the faculty to be elected by the faculty as at present, subject to the approval of the board of trustees.

SUCCESSFUL SURGERY FOR TRAUMATIC EPILEPSY.

Dr. James Kerr of Washington, D. C., has apparently cured a case of traumatic epilepsy. A jockey, one year ago, was thrown from his horse and fractured the skull, just over the left parietal eminence. Since that time he has been having epileptic seizures numbering sometimes two or three a day. The attacks were ushered in by violent jerkings of the right hand and foot. One month ago he was trephined, depressed bones removed and a considerable portion of evidently diseased convolutions pared off. There were very profuse hemorrhages and it was feared that he would die from that, but he recovered and has had no attacks and no twitching of his right hand or foot.

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VIRCHOW has been made a commander of the French Legion of Honor.

THE CLEVELAND MEDICAL LIBRARY ASSOCIATION has an endowment of $6,000, and is only two years old.

DR. WM. PERRY WATSON, of Jersey City, has been made Medical Supervisor of the Prudential Insurance Co. of New York.

DR. CHAS. M. DRAKE, of Knoxville, Tenn., has been made Chief Surgeon of the South Railway Co., headquarters in Atlanta.

DR. GILBERT I. CULLEN, of the FORTNIGHTLY staff, was recently appointed surgeon to the C. J. & M. R. R., with headquarters in Cincinnati.

OUR clinical lecture in this number is by Prof. Chas. W. Burr, of Philadelphia, one of the progressive neurologists of that city, and we feel honored to have his first contribution to a Western medical journal, published in the MEDICAL FORTNIGHTLY.

DR. GEORGE DOCK has declined the proffered chair of Pathology in Jefferson Medical College. We congratulate the University of Michigan on the retention of Dr. Dock to their valuable corps of teachers, although Jefferson could have utilized him in their strong teaching faculty.

MORTALITY OF DIPHTHERIA.—Statistics are just in showing the decreased mortality from diphtheria in French cities, since the antitoxin has been systematically used. The average mortality from this disease in 108 cities, with an aggregate of 8,150,000 inhabitants was 2627 for the seven years previous to 1895, while in 1895 there were but 904, or a decrease of 1723. Of these 904, Paris had 226, while in 1894 there were 716 in that city. Lyons had 45 instead of the 68 of 1894; Marseilles had 70 instead of the 232 of 1894; Lille had 31 instead of the 51 of 1894.

THE WESTERN ASSOCIATION OF GYNECOLOGISTS AND OBSTETRICIANS held a very profitable two-days' session in Kansas City, December 27th and 28th, 1895. The following officers were elected for the ensuing year: President, Dr. T. J. Beattie, Kansas City; First Vice-President, Dr. J. W. Young, Bloomfield, Iowa; Second Vice President, Dr. A. F. Jonas, Omaha, Neb.; Secretary, Dr. Herman E. Pearse, Kansas City; Treasurer, Dr. M. R. Mitchell, Topeka, Kas. It was decided to change the name of the society to "The Western Surgical and Gynecological Association," and hold its next meeting in Topeka, December 30 and 31, 1896.

DR. H. C. WOOD is another victim of the many distinguished medical men who have been injured in bicycle riding. Dr. Wood while going to fill his lecture hour at the University was thrown from his wheel, causing concussion of the brain. We are please to note he is now convalescent. Such accidents are apt to occur to any one, and should not discourage the use of this most useful vehicle in practice: on the contrary, we believe that a less number of serious accidents will result from the wheel than in the use of the horse as a means of conveyance for physicians. Physicians need the active exercise which the bicycle affords, and as a health agent we are pleased from personal experience to endorse its use.

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THE MISSOURI STATE BOARD OF HEALTH, at the last meeting, elected the following officers: President, Dr. F. J. Lutz of St. Louis; Vice President, Dr. T. J. Hudson, of Kansas City; Secretary, Dr. Willis P. King, of Kansas City.

DR. D. R. BROWER, of Chicago, Ex-President of the Illinois State Medical Society, and Professor of Therapeutics Rush Medical College, has been appointed by Gov. Altgeld to fill the vacancy in the Illinois State Board of Health.

THE MEDICAL SOCIETY OF THE STATE OF NEW YORK will hold its annual meeting January 28th, 29th and 30th, under the presidency of Dr. Roswell Park, of Buffalo. An unusually interesting programme is promised. We are pleased to note that a Western man is to be a guest of the Society, and contribute to its programme, viz., Dr. J. H. Etheridge, of Chicago.

THE POST-GRADUATE MEDICAL SCHOOL of Chicago announces a most excellent course of evening lectures to be delivered during February--the lecturers being Drs. Sanger Brown, S. R. Brower, Sydney Kuh, R. L. Holland, W. H. Lackersteen, S. J. Boyd, H. W. Gentles, Jno. A. Robinson, J. C. Cook, Rosa Englemann, W. T. Stewart, A. R. Elliott, W. E. Coates, Jr.

THE CAPITAL DISTRICT MEDICAL SOCIETY will hold its annual meeting at Jacksonville, Ill., Thursday, February 6, 1896. Following is the program: "Diseases of the Mastoid," E. E. Hägler, M. D.; "When to Amputate in Traumatic Injuries," J. N. Dixon, M. D.; "What the State and Municipal Governments may demand of Physicians in the Prevention of Disease and Compilation of Statistics," W. K. McLaughlin, M. D.; "Pelvic Abscesses, Diagnosis and Treatment," Walter Ryan, M. D. The next issue of the FORTNIGHTLY will contain report of the proceedings.

MARIE AMBLIE, Queen of Portugal, is the first woman of royal birth to receive the degree of M. D. Her interest in the profession is great, and she utilizes her knowledge for the benefit of the poor of Lisbon, especially is she interested in antitoxin. It was she who introduced it in Portugal, even in face of the opposition of the medical profession. So determined was she, that she gave for laboratory uses her own riding school and some of her favorite horses, for the preparation of the serum. Portugal can well feel proud of such a queen consort. Royalty vested in such a person teaches the masses the value of prevention medicine, sanitary science and wise economy.

DR. LOUIS CH. BOISLINIERE, one of the most prominent physicians of St. Louis, died January 13th after a lingering illness. He was one of the oldest physicians of this city, having been identified with medical interests here since 1848. He held for a number of years the chair of obstetrics in the St. Louis Medical College. He was born in 1816, on the island of Guadeloupe; educated in France, but received his medical education in this city, in the medical department of the St. Louis University. The degree of LL. D. was conferred upon him by the St. Louis University in 1879. His remains were interred the 15th inst., the medical profession of St. Louis turning out in large numbers to pay their last respects to this worthy member.

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Tit for Tat

The Canada Medical Record is now owned and edited by the Faculty of Medicine, University of Bishop's College of Montreal.

THE "HAPPY MEDIUM" IN EVIDENCE.—*The Lehigh Valley Medical Magazine*, in a recent comment upon the change of issue in the *Medical Times and Register*, of Philadelphia, by which the latter becomes a *bi-weekly* instead of a weekly, concludes "the *Happy Medium* will soon be all the go."

BERND'S PHYSICIANS' REGISTER FOR 1896—Copyrighted and published by Henry Bernd & Co., St. Louis—Bernd's Physicians' Register for 1896 is just in. It possesses all the admirable qualities which have gained for it its great popularity with the profession. A physician who has struggled with the old system of books, may well be thankful if his attention is called to Mr. Bernd's, for it is a combination of simplicity and accuracy, and is absolutely free from all the confusing details which characterize most "new" systems. Certain it is that when once a physician adopts this system he has no inclination to investigate others, and he could not be tempted to go back to the old journal and ledger.

THE new *Cleveland Journal of Medicine*, the official organ of that vigorous, active working body of progressive physicians, the Cleveland Medical Society, has made its appearance. It is pleasing to look upon and full of "delicious" reading. The student physician enjoys the spirit which called this journal into being, for with such "journals," backed by such a society, the cause of scientific medicine must prosper in Cleveland. Can not St. Louis pattern after the Athens on the inland sea, raise its standard of work accomplished and promote the welfare of medicine in this city?

The Ladies Home Journal will no longer receive advertisements of medical preparations. This is a decided step and one welcomed by all interested in the general physical welfare of humanity. Now let the religious press do likewise, and we will have hopes of the redemption of the race from one of the worst of evils, to which the morphine habit is but a shadow. Journals penetrating the home and fireside should be free from such advertisements, inasmuch as they do infinitely more harm to public health than street garbage, poor water or defective drainage. The MEDICAL FORTNIGHTLY congratulates the *Ladies Home Journal* on this bold step.

THE MEDICAL HERALD.—The Christmas number of this enterprising medical monthly is on our table, a perfect gem of the typographic art. This issue contains over one hundred pages of solid reading matter and illustrations, the latter comprising some reproductions from French paintings entirely new in this country. The literary contents are, as usual, up to the standard of Eastern magazines, including articles by Dr. Byron Robinson and his accomplished wife, Dr. Lucy Waite (with portraits), of Chicago; Drs. Daniel Morton, Jacob Geiger and W. J. Bell of St. Joseph; Dr. A. L. Wright, Carroll, Iowa; Wm. H. Porter, M. D., New York City, besides the society reports, editorials and news. The subscription price of the *Medical Herald* is but $2.00 per year, and the Christmas number alone is worth the price.

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The Happy Medium.

An Illinois View of It.—"The MEDICAL FORTNIGHTLY is improving with every issue."—J. J. CONNER, M. D., Pana, Ill.

Up-to-Date.—"I congratulate you upon your success in publishing a live, up-to-date, readable and highly instructive bi-weekly medical journal."
E. P. COOK, M. D., Mendota, Ill.

The Golden Mean.—*The Lehigh Valley Medical Magazine* in commenting upon the "Happy Medium" Art Brochure, says: "We are pleased thus to be able to look upon our good friends of the FORTNIGHTLY, the journal whose effort is to strike the 'golden mean;' or is the distance far enough toward the sun-setting, that to be courteous we should say 'silver average?'"

A Handsome Souvenir is that sent out by the MEDICAL FORTNIGHTLY, to its subscribers on the first of the year. It is a handsome brochure with finely embossed cover, printed in colors, upon which are the words, "The Happy Medium." The pamphlet contains the pictures, very nicely done in tints, of twenty-five of the staff of the MEDICAL FORTNIGHTLY. The little work shows taste on the part of the artist, and reflects great credit upon the enterprising management of the FORTNIGHTLY.—*Oklahoma Medical Journal.*

An Agreeable Souvenir.—THE MEDICAL FORTNIGHTLY, of St. Louis, has issued a handsomely illustrated brochure entitled, "The happy medium." The book contains thirty-two pages, incased in a unique embossed cover, and twenty-five half-tone portraits of its staff, including Dr. Frank Parsons Norbury, managing editor; Drs. Hubert Work and T. A. Hopkins, associates; Charles Wood Fassett, secretary, and twenty-one department editors. It is dedicated to friends, patrons and subscribers who are interested in the *personnel* of the FORTNIGHTLY staff. It is an agreeable souvenir of an enterprising medical journal.—*Buffalo Medical and Surgical Journal.*

A Happy Suggestion.—New York City, January 14, 1896.—Editors MEDICAL FORTNIGHTLY:—We desire to congratulate you upon your "Happy Medium" brochure. It is a happy idea, happily put and carried out in a happy manner. We feel sure the MEDICAL FORTNIGHTLY is proving a great success, for the evidences are seen on every hand; well advised, thoughtful editing, backed up by a large circulation and a business-like administration, will keep it always in the front. The only suggestion we have to offer to guarantee the FORTNIGHTLY reaching the very highest pinnacle of success, is that all the editors prescribe Maltine at least a dozen times a day. With best wishes, we remain, Very truly yours,
MALTINE MANUFACTURING CO.
By C. C. FITE, M. D.

"The Happy Medium."—DR. FRANK P. NORBURY, Editor MEDICAL FORTNIGHTLY, St. Louis, Mo.—Dear Doctor:—We are in receipt of your handsome "Happy Medium" Souvenir, and recognize the intelligent and interesting face of the editor-in-chief, as being quite familiar. We are much pleased with this idea, and we think the brain capacity and the composite beauty of physique will compare favorably with the staff of any journal in our broad land. A publication like this would be well worth one's while to have his picture taken. Yours sincerely,
ALMA SANITARIUM CO.
E. S. Pettyjohn, M. D., Superintendent.

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Original Department.

PAPERS for the Original department should be in hand one month in advance, and contributed to THE MEDICAL FORTNIGHTLY exclusively. A liberal number of extra copies will be furnished authors, and reprints may be obtained at reasonable rates, if request accompanies the manuscript. Engravings from photographs furnished free. ☞Signature of contributor, for reproduction, should be sent with every article, on a separate slip; use heavy ink, and allow autograph to dry without applying blotter.
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Clinical Lecture

The Puerperal Palsies Due to Neuritis.

BY CHARLES W. BURR, M. D.,

Clinical Professor of Nervous Diseases in the Medico-Chirurgical College, Philadelphia.

A clinical lecture delivered at the Medico-Chirurgical Hospital.

I PROPOSE to study with you today the symptomatology of certain palsies which occur after labor, and are caused by neuritis. The puerperal palsies due to lesions of the brain and spinal cord we will take up later. The history of the patient before us is as follows: Mrs. M. married nineteen months. Six weeks ago she was delivered at full term of her first child. The labor was very hard and forceps were used. During and after labor she complained bitterly of pain in the legs. Within a few hours after the end of labor the left leg became distinctly paretic. The palsy gradually increased, and at the end of a week was so severe that the patient could not move the foot at all, and could flex and extend the knee only a few inches. Meantime puerperal sepsis appeared, on account of which she was brought to the hospital and put under the care of Dr. Ashton. He performed hysterectomy. The operation was successful, and the therapeutic result good. Fever has disappeared, and her general condition excellent. She now complains only of the trouble in her left leg. Let us examine it. The toes and foot are still completely palsied, but she can flex and extend the knee quite well, and there is moderate power of movement of the thigh. Light touch on the skin anywhere is either not felt at all, or is wrongly localized. On the other hand, there is general muscular soreness in the entire leg increased by pinching or pressing on the muscles. Pressure over the sciatic and popliteal nerves causes exquisite pain. The thigh muscles are slightly, the calf muscles greatly wasted. The limb is slightly cooler than the right, and its circulation is poor. The left knee jerk is very much diminished, the right, normal. There is no anchylosis. The plantar reflex is absent on the left side, present on the right. There is no palsy or anesthesia of the right leg. The bladder and rectum are under complete control.

The diagnosis in this case, both as to the localization of the lesion and as to its nature, is not difficult. The lesion can not be in the brain, because if such were the case, the palsy would have been more apt to have involved an entire side, arm and leg, both, rather than only one extremity, though, as you know, this hemiplegic or monoplegic distribution is not conclusive, since a brain lesion does, at times, affect only one limb. But, further, in a brain lesion there would be no pain or pressure over nerve trunks. and no wasting of the muscles, except the very slight degree of it dependent on long

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disuse, and the knee jerk instead of being diminished would be increased, and anchylosis would now be present. We may then exclude all brain trouble with certainty. A lesion of the spinal cord also would not produce the picture the patient shows us. There would in such a condition be no pain in nerve trunks. The symptoms would have been more extensive, involving both legs, bladder and rectum. The lesion must, therefore, be situated in the nerve trunks. And as a matter of fact, it is so, being a neuritis set up by the pressure of the child's head, and probably to a greater or less degree by bruising with the forceps.

Some of you probably thought while listening to the history of the case that I was playing a little trick on you, and showing you a patient that had no nervous disease at all, intending to catch you napping when I called for a diagnosis. If any of you made this mistake, you thought, of course, of thrombous of the femoral vein as the cause of the symptoms, and though the two diseases are as wide apart as well could be, it may not be out of place to recall to you the symptoms of puerperal phlegmasia dolens. That condition does not begin during labor, but develops at the earliest, some days later. There is great swelling usually beginning in the groin and extending downward, but occasionally appearing first in the calf. The venous trunks are swollen, painful, and hard. The leg is motionless, not because it is palsied, but because movement causes pain. The septic poisoning from which our patient has suffered has had nothing to do with the palsy, since it occurred after the palsy was thoroughly established. How much the use of the forceps had to do in causing the palsy it is difficult to tell. This much is certain, that often forceps must be used not only for the mother's sake, but also for the good of the child, and that very frequently delay in interference in labor has resulted in serious injury to the brain of the child, the long continued pressure causing some of the incurable birth palsies which you have seen in the clinic. It is probable that more of these birth palsies are due to the non-use, than to the use of forceps. As with all instruments usefulness or danger depends upon the skill of the operator.

Our case is an example of the commonest type of neuritis following labor. Almost always when the injury is due to the pressure of the head only one leg is affected. In cases with a similar symptomatology, but with involvement of both legs, the cause is ordinarily a pelvic inflammation affecting the sheaths of the nerves, or compression by pus, or contracting lymph. The diagnosis here is between bilateral neuritis and acute myelitis. The differential points are the severe pain in neuritis and the palsy of the bladder and rectum which occur in myelitis. There is a rare form of paraplegia, which follows excessive hemorrhage from the uterus, stomach or kidneys, or indeed from any part. Usually there is no affection of sensation, but the legs may be hyperæsthetic. The palsy may come on a few hours after the loss of blood, or not for several days. The pathology is unknown. Most cases recover. Finally, there is a form of paralysis occurring in the puerperium which is altogether unlike any of the above—a multiple neuritis involving widely separated nerve trunks. Very often the end branches of the median and ulnar nerves chiefly suffer, the legs being affected only late in the attack. The condition resembles in many ways alcoholic neuritis. It is probably often due to a poison, and in some cases, at any rate, the poison is alcohol, pregnancy being simply a predisposing cause in the nerve, that during pregnancy the resistance power of all times is more or less diminished.

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The Medical Fortnightly

Puerperal Eclampsia and Its Treatment.

BY J. T. MCSHANE, M. D.,

INDIANAPOLIS, IND.

In presenting this paper with the report of the cases which have come under the writer's observation, together with the treatment and results, it would be ingratitude not to mention the name of the late Dr. Ellerslie Wallace, of Jefferson Medical College, who, after a large experience, taught, with emphasis, the value of venesection in puerperal eclampsia. His hand with which he emphasized his words, with a deformed index finger, the result of a dissecting wound, was not more apparent to me when he said, relative to this subject: "You are on a life-saving mission; do your duty fearlessly, and bleed for effect, not for ounces of blood," than when at the bedside of my first case of eclampsia. It occurred in 1871, in the case of Mrs. W., primagravida, aged 35 years. Labor was slow, and a severe headache was complained of, which did not yield to the free administration of bromide of potassium. After four hours of moderately hard labor, the patient complained of intense throbbing pain in the head, sudden fright and blindness, followed almost immediately by a violent convulsion. As soon as the convulsion subsided preparations were made for venesection, but before it could be done a second convulsion came on. Without further delay, the arm was constricted, and a large stream of blood allowed to flow. A third convulsion came on while the blood was flowing. After this convulsion passed off the patient's face, which had been dark, swollen, and distorted, became pale and placid, the pulse became weak and thready. The bandage was removed from the arm and the flow stopped.

The os uteri was pretty well dilated, and, with the asistance of Dr. S. C. Dove, of Westfield, Ind., whose office was less than a mile away, the patient was delivered of twins, both of which were still. A good recovery followed.

Mrs. G., now of this city, had convulsions with two confinements, and also early in a subsequent pregnancy. Dr. Rodman, of Zionsville, now of Denver, saw her during her first attack. She had some fifteen convulsions before bleeding, none after, and two hours later she was delivered of a mascerated child. In her second attack Dr. N. G. Harold, of Carmel, Ind., saw her with me. She had had seven or eight convulsions before my arrival. She was large and plethoric, and an unusual amount of blood was required to produce the desired results. Labor advanced slowly, and in about two hours she was again seized with a convulsion. The vein in the opposite arm was opened, after which there was no more trouble, and as soon as dilation was sufficient to admit of the application of the forceps, she was delivered of a still child. When six months advanced in a subsequent pregnancy, the patient had a violent throbbing headache, a slight convulsion, clouded intellect and memory, all of which were immediately relieved by venesection. This treatment was repeated twice for the same symptoms, with the same happy results before her term expired, when she was delivered of a healthy child, having no return of convulsions.

Mrs. W. lived at Nora, Ind., now of this city. She was delivered in her first confinement of a healthy child, without unusual labor or other symptoms. Some two hours later she was seized with convulsions which were terrific in violence and came in rapid succession. She had eighteen or nineteen convulsions, some of which were observed by Dr. T. M. Hinshaw, who now lives at Westfield, Ind. On my arrival the doctor and the husband considered her case hopeless, and, indeed, it looked as if their opinion was correct. The patient was profoundly comatose, face almost black, swollen and distorted, leaving no trace of its former likeness, pulse quick and wiry, temperature high. As soon as the convulsion she was in passed off, a vein was opened and a large stream of blood allowed to flow. The amount drawn,

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though large, was disregarded, but the effects were eagerly watched. The face blanched, the pulse became thready and soft, the bandage was loosened, and no more convulsions followed. The patient, returning to semi-consciousness the next day, heard her baby cry, and exclaimed: "Whose baby is that?" Her recovery was not retarded. Her memory was perpetually obliterated for a period of two days before and four days after delivery.

Mrs. S., multipara, a patient of Dr. W. O. Harland, now of Chicago. This patient was neither anaemic nor plethoric. Soon after delivery she was seized with violent convulsions. She had taken chloral and chloroform without effect, and had had six or eight convulsions before my arrival. After a moderate bleeding, convulsions subsided for a time. After an interval of two or three hours' rest, convulsions returned. Her pulse was hard and quick, and the temperature was high. Blood was again drawn, but in larger quantities, leading Dr. Harland to think the danger point was reached. In a letter received from Dr. Harland a few days ago, in answer to inquiry concerning this and another case, he says: "We stopped the convulsions in Mrs. S., but we had to bleed her nearly to death to do it." The danger was more apparent than real. She had no more convulsions, and was up and well in the usual time. A subsequent pregnancy was attended with throbbing headache, disturbed vision, congested face and clouded memory at the sixth month. A vein was opened, and while the stream still flowed the grateful patient exclaimed: "Oh, what a relief!" These symptoms reappeared at the seventh and eighth months, and the patient sought relief by the lancet both times. The delivery of a healthy child at term was normal.

Miss P., primagravida, also a patient of Dr. Harland. Convulsions came on early in her labor. She was bled, after which the intervals were lengthened, but an occasional convulsion came on until the os was sufficiently dilated to admit the application of the forceps. She was delivered of a still child, after which she had no more convulsions, and made a good recovery.

Miss H., primagravida, large strong domestic, walked four miles to the home of an acquaintance. She was dazed and unable to give an account of her visit or from whence she came. In a short time she was seized with a convulsion. My arrival was delayed some hours on account of the messenger bearing no intelligence concerning the nature of the case. On my arrival, five hours after the first convulsion, she was comatose; her tongue was lacerated and bleeding. The family in whose house she was had no knowledge of her labor nor her pregnant state. An examination revealed both, the os being considerably dilated. Her convulsions had been frequent and severe, according to her great muscular development. After venesection she had no more convulsions. She shrank from her pains, and, being unconscious, the assistance of two strong men of the neighborhood was required to hold her in position in the bed. In about two hours dilation was sufficient to admit the application of the forceps, when she was delivered of a large still child. The return of consciousness was deferred thirty-six hours after delivery.

Mrs. D., multipara, was attended in her labor by Dr. Leavens. She complained of blinding, throbbing headache during the progress of her labor. This was lightly regarded, the physician thinking it would subside after delivery. Labor terminated at 4 o'clock p. m. At 2 o'clock the following morning a messenger reached me. She was in a convulsion when the messenger started, and was in a stupid state on my arrival. A vein was opened and about a pint of blood taken, when, the patient expressing relief, the bandage was removed. Thirty minutes later the patient was attacked by a second convulsion. The vein in the opposite arm was opened and blood allowed to flow until the face became pallid. The patient being large and plethoric, a large quantity of blood was required. No further trouble followed, and the patient's recovery was not retarded by the loss of blood.

Mrs. K., of Mattsville, Ind., was seized with a convulsion during her third confinement. The premonitory symptoms were pronounced, and a vein was

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opened just as a convulsion came on. A healthy child was delivered an hour later, and her recovery was uneventful.

Mrs. S., primagravida, was attacked with convulsions while under the care of Dr. K. C. Hershey, who then lived at Mattsville, Ind. The convulsions were hard and came in quick succession. She had had a large but uncounted number of convulsions before my arrival. Her pains had been constant, severe and distressing, but not of an expulsive character. Free bleeding resulted in temporary relief. Examination revealed dilation to the size of a silver half dollar, and the os presenting high up against the sacrum, the result of obliquity of the uterus. Gentle pressure against the fundus and slight traction with the finger brought the os down to its proper position, when the labor pains became strong and normal, with intervals of rest. Consciousness returned so that the patient conversed intelligently. After waiting three hours, the patient was left in the care of Dr. Hershey, the attending physician. After some time had elapsed he was called from the bedside. The history of the case shows that the pains lost their distinct character, becoming constant and distressing. After four hours' intermission the convulsions reappeared. On my arrival, in answer to a second summons, the patient was in a moribund condition, and soon expired. At the request of the husband, and with the assistance of Dr. Hershey, the child was removed by the Caesarian section. It was a perfect child, but, as we expected, after so many convulsions, it was still.

Mrs. C., a large, fleshy patient, in her fourth confinement, had complained of throbbing headache for two days. A hurried messenger came with the report that she had fallen on the floor, and they thought she was dying. Her term had expired, and examination revealed a dilated os, although no uterine pains had been complained of. She was in her fourth convulsion on my arrival. Her tongue was lacerated and bleeding. A vein was opened and a stream allowed to flow until the dark, congested condition of her face gave place to pallor. Two hours later a still child was delivered, and she made a good recovery.

Mrs. S., now living in Kansas, during her first confinement, was seized with a terrific convulsion. This was in all respects like a puerperal convulsion, but the patient having occasionally had epileptic symptoms, this was at first thought probably of that character. Chloral hydrate and bromide of potassium were freely given, but in less than an hour a second convulsion came on, which was followed by stupor and continued congestion of the face. My conclusion was that, although this patient had had a slight epileptiform manifestation once or twice a year, this was puerperal, and, fearing death of the child and danger to the life of the mother if the convulsions were repeated, she was bled until the desired results were produced. No more trouble followed, and she was soon delivered of a healthy child.

It is a matter of regret that examinations of the urine were not made in each case reported. In the four in which analyses were made, there were traces of albumin in two. Those who have had the misfortune to witness cases of puerperal eclampsia will readily appreciate the delay which would attend such examination before treatment. The patient and child are in great danger, and the necessity for prompt action engages the physicians' time and attention. Whether there is or is not albuminuria, although of scientific interest, is, at the instant, of little importance. The treatment which relieves in the one case relieves also in the other.

The etiology of puerperal eclampsia is not definitely settled. Perhaps Loehlein covers the ground by stating that "no explanation of eclampsia has been fully established, and that the disease has certainly more than one cause." Albuminuria is present in the majority of cases, but this is not sufficient to afford a positive decision that the condition of the kidneys which produces albuminuria is the cause of eclampsia. Albuminuria is said to be present in five cases of pregnancy to one of eclampsia. It is pretty generally conceded that, whether the case is one of eclampsia gravidarum, parturientium or puerperarum, the arterial pressure is high, and this is true whether the blood is rich in red corpuscles or not.

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This condition may depend upon the action of the vasomotor system, or to increased volume of the circulating medium, or both. The kidneys become clogged by congestion resulting from high tension, and their function is partially suspended, in which case albuminuria may or may not be present. Women in pregnancy are much inclined to accumulate flesh, and when constructive metabolism is in excess of destructive metabolism, toxaemia and plethora are simultaneously present. When albuminuria is present, unless chronic, the patient recovers without delay after cessation of convulsions, when the pressure is removed, allowing the kidneys to assume their normal state.

As a rule, the condition of the patient who is to become an eclamptic is not incompatible with comfortable health, the foudroyant outbreak being the first announcement of departure from the physiological state.

Reflex uterine irritation is said to be a cause of eclampsia in some cases. The fatal case of Mrs. S., reported above, is probably one of this class. Obliquity of the uterus disturbed the normal expulsive character of the pains.

When the uterus was righted the constant grinding, distressing pains ceased, giving place to normal labor. When left without support obliquity again took place, with disturbance of normal labor. While in this case the obliquity of the uterus seemed to be a disturbing factor, it is well known that such obliquity not unfrequently exists without such disturbance. It would seem to be an interesting fact that malpresentations are very rarely attended with convulsions. The cases reported in this paper were all vertex presentations, with the face to the right or left sacroiliac synchondrosis. Dr. King asserts that convulsions scarcely ever occur in cross or shoulder presentations. A Dublin obstetrician says (Dublin Journal of Medical Sciences) that there is little fear of eclampsia if the child does not present by the head. This refers to eclampsia occurring during labor, certainly not to cases occurring months before. There are exceptions to this rule. In a series of fifty-nine cases reported by Ramsbothan there were four breech presentations.

The annual of the Universal Medical Sciences, 1895, records the researches of Rapin and Monnier, who examined the blood of four women with eclampsia and in three of these cases found a special bacillus, which they were able to cultivate. Inoculation into animals caused symptoms of eclampsia. Chamberland has experimentally proved that some poisonous element is present in the blood of eclamptic women, but the exact nature of the poison or its origin have not been determined. A rabbit is killed by the injection into its tissues of healthy human serum, when injected in the proportion of ten grammes of the serum to every kilogram that the rabbit weighs. It seems that this proportion is constant. Chamberland has experimented extensively with the blood of eclamptic women and has found the amount of serum of such blood necessary to kill a rabbit is less than the serum from a healthy person. In some cases one-half and in others less than one-third the proportionate amount is sufficient to prove fatal.

It is believed by some investigators that the liver may have something to do with some of the cases of eclampsia. The healthy liver modifies certain poisonous elements brought to it through the portal vein, and impairment of the liver, which would wholly, or in part, destroy or suspend this function would admit to the blood substances freighted with toxic properties. Hahn, Masser and others have shown by experiments, by which the blood from the portal vein is emptied directly into the circulation, thereby depriving it of passage through the liver, nervous symptoms similar to those of eclampsia are produced. This is especially pronounced when the experiment is made after the ingestion of meat. Their deduction is that these symptoms are due to the presence of carbamic acid in the blood, a substance which in passing through the liver is converted into urea. Further experiments show that when carbamic acid is introduced into the circulation not only the nervous symptoms are developed, but the urine becomes scanty and albuminous. Women in their first pregnancies and also those who have more than one child in utero are most susceptible to eclampsia. Of the fourteen cases reported in this paper six were in cases of primipara, one of which

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had twins. In reference to the frequency of eclampsia, statistics are variable. The total number of deaths from convulsions reported to the board of health in New York City in the nine years ending in 1875, were 408. The estimated maximum number of deliveries during that period was 284,000, or nearly one death in 700 confinements. The vital statistics furnished by the Indiana State Board of Health show the number of children delivered during twelve years and nine months to be 452,429. Deducting one birth from each case of doublets and two from each case of triplets, the approximate number of labors represented in these reports is 449,000. The number of deaths reported from eclampsia during this period is 440, or one in 1,020 deliveries. One series of 100,935 deliveries in the Philadelphia Board of Health reports show 94 deaths from this cause, or one in 1,073 confinements. Of women attacked Hecker found one in 522; Wieger one in 519; Korman one in 600; Corson one in 300; Cazeaux one in 200 deliveries. It is estimated by some authors that the average is one in 500 labors. The health reports show the deaths only, but if this average is correct, about 50 per cent die. Parvin places the per cent of women attacked at one in 250 or 300 in this country, and if this is correct the death rate from this cause as compared to number of patients affected is reduced to 28 or 30 per cent. Dr. Kemper of Muncie, Ind., had nine cases of eclampsia in his one thousand labors reported. Eight of the women recovered; one died.

After reference to the great fatality which attended eclampsia in the sevteenth and eighteenth centuries, Ramsbotham says in his work on obstetrics, "few cases now terminate unfortunately, and the favorable results are to be attributed to the extent to which bleeding and other evacuent means are carried."

Patients who are bled in this disease do not suffer from anaemia on account of the depletion, but regain their normal color and strength, and as a rule, are out of bed as early as though nothing unusual had transpired.

Professor Fordyce Barker insisted on the unmistakable clinical evidences favorable to the employment of the lancet, and pleaded for its restoration in the management of puerperal eclampsia. Lusk says the claims of bleeding in eclampsia rest upon a substantial foundation, and that the special advantage lies in the rapidity of its action. Speigleberg says: "No means so quickly lessens arterial pressure, none so quickly restores their function to the kidneys, irritable from blood pressure, and few act so readily upon the vasomotor nerves, causing relaxation."

Patients with eclampsia are never able to sit while the operation is made, consequently a larger quantity of blood is required to produce the desired results than if the sitting posture could be assumed. It is much better to not bleed at all than to bleed inefficiently. While the loss of a small amount of blood will do no harm it can do no good, and it therefore brings probably the very best life saving remedy in eclampsia into disfavor and disrepute.

The life of the child in eclampsia parturientium is endangered by each succeeding attack, rarely persisting after the fourth or fifth convulsion. In proportion to its relative prompt action the life of the child, and also that of the mother, are enhanced by venesection.

In claiming for the lancet a clean, safe, prompt, efficient and ever-at-hand remedy, the value of other remedies is not ignored.

Dr. L. J. Hammond, secretary of the staff of Maternity College, Philadelphia, has kindly furnished me a history of nine cases which occurred in that institution during the last five years. All but one occurred in prima-gravida, and three women died. The treatment relied upon is depletion by purgation, chloral and bromides per rectum, veratrum viride, hot packs and anaesthetics during the seizure. Oleum tiglii is the cathartic relied upon. Two of the cases which recovered were bled, one to the amount of xxvi ounces.

In answer to a letter addressed to the Philadelphia Lying-in Charity and Nurse School Drs. W. Reynolds Wilson and Della M. S. Walker kindly prepared for me a table of the nine cases which occurred in that institution during the last four years. Previous history was negative in all the cases but two, one

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of which had vomiting of pregnancy, and the other had dropsy. These two patients died, the other seven recovered. One of the patients that recovered had 16, one had 10, one had 3, and three had 2 convulsions. One of the patients who died had one and in the other the word "frequent" takes the place in the column of the figure designating the number. The patient who had 16 convulsions was bled. The others were treated by chloral, morphia and calomel. One exclusively by purgation, except that chloroform was used in all for the paroxysm. The average number of convulsions in these cases is small, owing, doubtless, to the fact that the patients were in the hospital under the immediate attention of the physicians, who were equipped with everything needful, thus securing prompt relief before the patients became so profoundly influenced.

Whether the poison contained in the blood of an eclamptic patient acts directly upon the cortical cells of the brain is not demonstrable. It is a reasonable position to assume that it does, and that the poison, as well as reflex irritation from abnormally painful uterine contractions disturb the cell power to control energy. The result is sudden liberation of energy manifested in a convulsive seizure. Chloroform, chloral and morphine lessen reflex irritability and paralyze cell energy, thereby aiding in holding convulsions in abeyance, while diaphoresis, purgation and venesection relieve arterial pressure and eliminate the poison. The high arterial pressure which is almost universally present in puerperal eclampsia has led many practitioners to believe that this disease does not occur in patients who do not bear depletion. Morphia, chloral and chloroform have been used with excellent results in a large number of cases. These agents may be used with advantage after depletion, or in the early history of an attack. After a patient has had a large number of convulsions and is in a comatose condition, or near it, the administration of such drugs is not likely to prove beneficial. Chloroform has been recommended and given in full anesthetic doses for the purpose of completely paralyzing the motor centers. There is much danger from prolonged anesthesia carried to the surgical degree, and when added to coma, or tending coma, resulting from convulsions, it is capable of doing irreparable harm. The same may be said of large doses of morphia and chloral.

Dr. W. Reynolds Wilson, in his article on "The Use of Morphia in Eclampsia, With a Report of Two Cases," published in the Annals of Gynecology and Pediatry, June, 1892, a reprint of which the author has kindly furnished me, discusses this subject pretty thoroughly. In the second case reported by Dr. Wilson, morphia was given in doses ranging from one-eighth to one-half of a grain. The history of the case shows the drug had a partially controlling influence, but "the patient was bled on account of vascular tension, shown in the congestion of the face and throbbing of the arteries." Fifteen ounces of blood were drawn, after which the patient had no more convulsions, but the morphia was continued, and served a good purpose in controlling restlessness.

Veratrum viride has been successfully employed in some cases reported. In large doses it slows the pulse, and, as expressed by Hare, "it bleeds the patient into his own vesicles," by filling up the mesenteric veins, and thereby relieving arterial pressure. Dr. Fearn, of Brooklyn, in his article published in the American Journal of Obstetrics, on "Veratrum Viride in Large Doses as a Substitute for Blood-Letting in Puerperal Eclampsia," recommended the tincture of veratrum viride in doses ranging from fifteen minims to a teaspoonful, repeated every five or ten minutes until the pulse became soft or vomiting occurred. After the arrest of convulsions he recommended the continuation of the drug for some time in smaller doses and at longer intervals, keeping the pulse below fifty per minute. In each case reported in this paper a very large dose of some active cathartic was given. Croton oil and elaterium are used by some physicians, and no doubt to a good advantage.

Nitrite of amyl was used by Dr. W. F. Jenks, of Philadelphia, on the suggestion of S. Weir Mitchell. Ether had been used in the case without avail. The inhalation of a few drops of nitrite of amyl immediately arrested the convulsion, but the patient had a dan-

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gerous uterine hemorrhage, which was attributed by Dr. Jenks to the action of the drug. The opinion of Dr. Jenks is corroborated by the experience of Dr. A. W. Brayton of this city, who met with a dangerous uterine hemorrhage following the administration of one-fiftieth of a grain of nitro-glycerine, the action of which is similar to that of nitrite of amyl. The drug was given as a cardiac stimulant in a case of palpitation of the heart in a woman who had been delivered six days before.

Delivery should be facilitated in cases of eclampsia purturientium when labor is difficult, and where the os uteri is dilated, by the application of the forceps or podalic version. Dilation may be hurried by the use of the colpurynter.

A method has been proposed and practiced by Duhrssen, of Berlin, which, in his hands, seems to have proved highly satisfactory. When the cervical canal is opened up and the obstacle to delivery is the undilated os externum, he makes four incisions reaching from the margin of the os up to the utero-vaginal junction. This, he claims, leaves no further obstacle to the delivery of the child, which can readily be effected without any fear of tearing the soft tissues. Thirty-five cases of eclampsia were treated by him by this method, according to his published report, without the loss of a mother and with a loss of only two children. The technique of this operation is explicitly stated in his report.

There is great danger to the life of the unborn child in cases of eclampsia. Its death not infrequently occurs during the first convulsion, often during the second, and after a number of convulsions the child is rarely born alive. The child is profoundly influenced, and if its life is spared until birth, it may die in convulsions soon after, as was the case with two of the cases reported by Drs. Wilson and Walker, of Philadelphia, and a case reported by Spence, which was removed alive by the Caesarian section, the mother having died from eclampsia before there was any disposition to labor. Respiration is suspended during the early part of an eclamptic seizure, and is very imperfect until the attack passes entirely off, thus adding to the already bad condition of the maternal blood, rendering it inadequate to act as an oxydizing and purifying agent for the infantile circulation through the placenta. It is, therefore, fair to say Duhrssen's cases must have been selected and operated upon immediately after the onset of the convulsions, otherwise more than two still births would have occurred in thirty-five labors. This is a possible illustration of the effect which over-enthusiasm has on statistics.

26 East Ohio Street.

NEW CATALOGUE.—The Holekamp-Moore Instrument Company, of this city, has just issued a 1000-page catalogue, which certainly reflects great credit on that enterprising firm and on St. Louis. It is very handsomely gotten up, and illustrated in a manner that is more liberal than that usually met in instrument guides. Its a good book to possess if you are an instrument buyer. Mr. John P. Lowell superintended its publication, and its thorough preparation is largely due to his careful oversight.

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Reports on Progress.

COMPRISING THE REGULAR CONTRIBUTIONS OF THE FORTNIGHTLY DEPARTMENT STAFF.

PRACTICAL MEDICINE

BY FRANK PARSONS NORBURY, M. D.,

Professor of the Practice of Medicine and Clinical Medicine, St. Louis College of Physicians and Surgeons.

HEART LESIONS WITHOUT SUBJECTIVE CARDIAC SYMPTOMS.

The necessity of thorough physical examination is shown in the study of cardiac lecions. In a recent contribution to the University Medical Magazine (October, 1895), Drs. Fussell and Tyson presented a series of cases showing this necessity. Unsuspected heart lesions were discovered where no distinct symptom had existed, except indications of dyspepsia. Without thorough physical examination, the heart lesion would have been overlooked.

THE SIGNIFICANCE OF ALBUMINA.

Dr. R. L. Faithful, in the Medical Examiner, contributes an excellent paper on this subject, with special reference to its application in life insurance examination. He concludes, after reviewing the opinions of leading examiners-in-chief, as follows, viz.:

1. As the clinical significance of albumen in the urine of otherwise apparently healthy individuals, has not yet been finally or satisfactorily determined by the majority of the most careful observers, it must not be expected that life insurance companies will accept such risks, except reluctantly, and then only after most careful and repeated chemical and microscopical examinations of the urine by known and trusted medical examiners.

2. Albuminuria must be viewed with suspicion and distrust. That of a persistent character, from whatever cause, calls for rejection.

3. Albuminuria in applicants under forty years of age, who present a good family and personal history, who are of good physique and of good habits, and are free from any taint hereditary or acquired, the amount of albumen being small and transient, may, after careful and repeated examinations of the urine, be accepted on short endowment plans of insurance, or upon other plans, with an extra premium to cover substantial loading.

4. Albuminuria dependent upon or following la grippe, and not present three to six weeks after in otherwise healthy applicants, the specific gravity of whose urine for the twenty-four hours is not below 1020, may be accepted on ordinary life policies, without loading.

5. Any applicant with albumen in the urine, with increased arterial tension, with urine of low specific gravity, with any indications of hypertrophy of the heart or accentation of the second aortic sound, should be rejected.

6. Any applicant with a persistently low specific gravity, with or without albumen in the urine, should be rejected, and more especially so if with the above he suffers from occasional occipital headaches.

7. In all cases of albuminuria the condition or state of the arteries should be carefully investigated, especially so if the applicant is over forty.

SYPHILITIC LESIONS OF THE HEART.

Dr. H. P. Loomis, in The American Journal of the Medical Sciences, October, 195, reports the results of his clinical study of syphilitic affections of the heart. The following table illustrates these conditions:

1. Gummata—Recent: Soft, reddish or grayish masses. Old: Dry, yellow, cheesy nodules.

2. Fibroid Induration — Localized: Well-defined, masses, large size. Diffused: Accompanied by inflammation of the arteries. Intermediate form: Outer zone of gumma develops into fibrous tissue, cheesy centers, remains as fibroid mass.

3. Amyloid degeneration.

4. Endarteritis obliterans, often inducing inforcations.

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The symptoms are as follows: When symptoms of cardiac failure occur during the prime of life for which no cause can be ascertained, such as rheumatic history, valvular disease, arterial chaanges, or kidney complications, especially in one with a syphilitic history, these should always suggest syphilis as the cause of the condition. Dyspnoea, distressing palpitation, praecordial uneasiness, syncopal attacks, a feeble and rapid pulse, are features observed in most of the cases. The symptoms of the interstitial forms are such as would pertain to any disturbance in the function of the muscular tissue of the heart; so, where a syphilitic patient has suffered for a long time from irregularity of the heart's action, severe palpitation, and interference with the systemic circulation, the possibility that this condition may be due to syphilis should never be lost sight of. A rapid improvement in the patient and the amelioration of the cardiac symptoms which will quickly follow anti-syphilitic treatment are important factors in arriving at a positive diagnosis of syphilis of the heart. Patients suffering from changes in the heart due to syphilis either die suddenly, with few if any symptoms directly traceable to faulty heart action, or succumb apparently from syphilitic marasmus, with all the symptoms of a slowly increasing cordiac failure.

TACHYCARDIA AT THE MENOPAUSE.

One of the most distressing affections of the heart in women is tachycardia of the heart, which, says Dr. Frank Baldwin, in the Brooklyn Medical Journal, may occur at any period of life. It is rare, however, before puberty and after fifty years of age. It is most often seen during the menopause. Early menopause predisposes to it, and especially if prematurely induced by surgical operation or disease. Its etiology is obscure. Stimulation of the sympathetic, hyperplasia of the stroma in sexual organs, the formation of scar tissue at the seat of operation in surgical cases, are some of the suggested causes. It may be paroxysmal or continuous; it may last for a few moments, hours, days, or years It may be precipitated by use of alcoholic liquors, strong coffee, anxiety or sleeplessness. The immediate results of a rapid heart are various, some experience grave apprehension and alarm, some are bathed in perspiration, some have epictaxis. The attack may disappear slowly or quickly. It may prove fatal. The heart always has a reserve power that will enable it to make twice its normal pulsations for a certain time, but when this reserve is exhausted, then comes the danger, for its nutrition has become seriously impaired.

Treatment: Opium and digitalis stand at the head, but often prove worthless. Combined and judiciously used, they are often successful. Nitroglycerine, in combination with digitalis, is valuable. Galvanism has been the most effective agent, but was limited to the time of giving it. One sponge over the heart, the other over the left ear, in severe cases can render valuable service. General hygienic care advised, cool morning baths, the relief of indigestion and constipation; for the former, resorcin; for the latter, compound alvin pill. Jewett in discussion of this paper, indorsed galvanism.

INSANITY OF CONDUCT.

Dr. George H. Savage, brought forward a number of cases to show there are many insane conditions in which the conduct of the patient must be the gauge of the disorder, and that though we don't ignore intellectual and sensory disorders yet, besides and apart from these the conduct of the patient must be studied and recorded. There is more disorder of conduct than speech or writing.

An act may be a symptom of insanity apart from any apparent intellectual defect. The law does not recognize this though. Insanity of conduct is shown in hysterical girls, in the highly intellectual, such as poets, inventors and in geniuses. It is seen as a stage of insanity of other forms such as mania, melancholia, &c. Conduct does not always indicate insanity as conduct may be perfect and intellect defective.

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OTOLOGY

BY GILBERT I. CULLEN, M. D.,
CINCINNATI, O.

TREATMENT OF OTITIS MEDIA CATARRHALIS SICCA.

Bronner (British Medical oJurnal) ,In speaking of the chronic dry catarrh of the middle ear, which is accompanied by atrophy of the mucous membrane of the middle ear and ankylosis of the ossicula, more especially the stapes and fenestra uralis, says that he has about abandoned the usual intra-tympanic injections through the eustachian tube, and he now employs only bicarbonate of soda (3 per cent) in equal parts, glycerine and water or paroleine. He uses either a large Pravaz syringe and throws two or three drams directly through the eustachian catheter or else uses the Weber-Leil's intra-tympanitic catheter, in which about twenty or thirty mimins are used.

DISEASES OF THE EAR IN APEX CATARRH.

Straight (Medical Record, Sept. 22) has called attention to the frequency of the existence of apex catarrh in cases of ear disease and he claims to have found fifty per cent of the cases of ear disease coming under his observation to be afflicted with this pulmonary condition. This, he claims, accounts for the susceptibility to colds and the slow progress toward recovery that characterizes many of this class of cases.

REMOVAL OF FOREIGN BODIES FROM THE EAR.

The Semaine Medicale recently published a new method of removing such foreign bodies as beans, peas, beads, etc., from the ear. The author has warm oil injected into the ear and the patient lay on the injured side. In cases where a dried pea or bean has become lodged, it possesses the double advantage over the injection of water in that it both lubricates the canal and at the same time softens without swelling the foreign body.

MORTALITY DUE TO OTORRHEA.

Paget (Medical Press and Circular) claims that the deaths due to diseases of the middle ear in England reaches 1,500 per year, and he further says that so long as mothers take their children's earaches as a matter of course, so long will the death rate remain ten times as great as it should be. He thinks much might be done by the removal of enlarged tonsils, and of adenoid growths; the arrest of the miserable earaches of children by the use of the Politzer bag, teaching that children must keep their mouth shut when breathing; the careful watching for any kind of inflammation of the ear in scarlet fever, measles, or diphtheria; the arrest of impending perforation by a minute puncture through the membrane. In speaking of discharges from the ear, he says "all persistent purulent discharges ought to be regarded seriously. The disease progresses insidiously and one cannot be certain as to where and when it may end. It becomes a standing menace to the safety of the patient. A person might as well have a charge of dynamite in the mastoid.

INFLAMMATION OF THE MIDDLE EAR OF INFANTS.

Hartman (Deutsche Med. Wochenscrift) gives the following results of an investigation of this subject in the Institute for Infectious Diseases, of Berlin: (1) Post-mortem examinations and examination of the ears of living children establish the fact that 75 per cent suffer from inflammation of the middle ear. (2) Inflammation can nearly always be determined by otoscopic examination. (3) The symptoms of the otitis media consists of restlessness, elevation of temperature, and loss of weight; sometimes these symptoms are not present. (4) Very often the symptoms are connected with broncho-pneumonia processes; probably both due to the same process, viz., aspiration. (5) Death can result in cases of otitis media, slow stone atrophy, or from an extension of the micro-organisms into the cranial cavity (meningitis), or into the blood (septicemia).

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AURAL MASSAGE.

Turnbul (Medical News) gives the following conclusions regarding aural massage: About 2 per cent of the cases of tinitus aurium were successful. (1) Imperfect hearing depends on so many causes that no treatment by any one of the mechanical means should be employed until a careful diagnosis is made. (2) Aural massage with the use of condensation and rarification of air in the external aural meatus and middle ear, will give mobility to the parts and cause absorption of foreign materials interfering with hearing. (3) Pneumonic massage is useful in middle ear diseases in which there are adhesions to be removed or stretched. (4) No treatment of this kind will take the place of operations, for when all other means fail, they must be resorted to, and with wonderful success in properly selected cases.

ARISTOL IN OTORRHEA.

The application of aristol gives very good results in chronic otorrhea, where the purulent discharge has given place to a serous drain, and in granulations of the middle ear not depending on caries. The ear should first be washed out with a boric solution.

SYPHILIS OF THE LABYRINTH.

Moller of Sweden (Hygiea) has observed four cases of syphilis of the labyrinth, in which the most prominent systems were: Vertigo, a sensation of heaviness in the brain, and nausea, difficulty in maintaining an upright position. Loss of hearing. Perception through the bones of the skull was decreased. All the cases presented syphilitic histories and yielded promptly to specific treatment.

FURUNCLE.

To prevent secondary attacks, De Crisantagues (La France Med.) advocates: First, washing with, bichloride solution 1 to 1,000, then carbolic acid, 1 part, camphor, 2 parts; wipe with cotton and apply traumaticin or steresol.

FIBROUS TUMOR OF THE AURICLE.

Bullard (Virginia Medical Monthly) reports a case of double fibrous tumor of the auricle as a result of piercing the ears for the purpose of wearing ear-rings.

DEFECTIVE HEARING OF CHILDREN.

Weil, of Stuttgart has claimed that fully 35 per cent of the school children have defective hearing, and that in many instances where they are accredited with stupidity or inattention, this defect is responsible for it. Helot and Gelle and several other noted aurists contend that about 25 per cent are defective, while Moure, of Bordeaux, thinks that but 17 per cent are affected.

Naso-pharaygeal catarrh, as a result of measles, scarlatina and whooping cough, ademoid vegetations and hypertrophied tonsils, are given as the causes of the deafness.

Genito-Urinary Surgery and Venereal Diseases

BY BRANSFORD LEWIS, M. D.,

CLINICAL VALUE OF RENAL CASTS.

Many clinicians can recognize casts under the microscope, but fail to interpret their significance. Dr. A. E. Austin, in the International Medical Magazine, separates them into definite groups and draws inferences accordingly. The hyaline and blood casts merely indicate irritation and hyperemia. Closely associated with hyaline casts is amyloid change of the kidney, due usually to suppuration, and with a good prognosis if the source of suppuration be removed. Epithelial, granular and fibrinous casts indicate acute inflammation of the renal tubules, the epithelial cast pointing to the middle stage; that is, one of mere desquamation with urine slightly under normal in amount, specific gravity 1,030, high color, albumen a trace, numerous hya-

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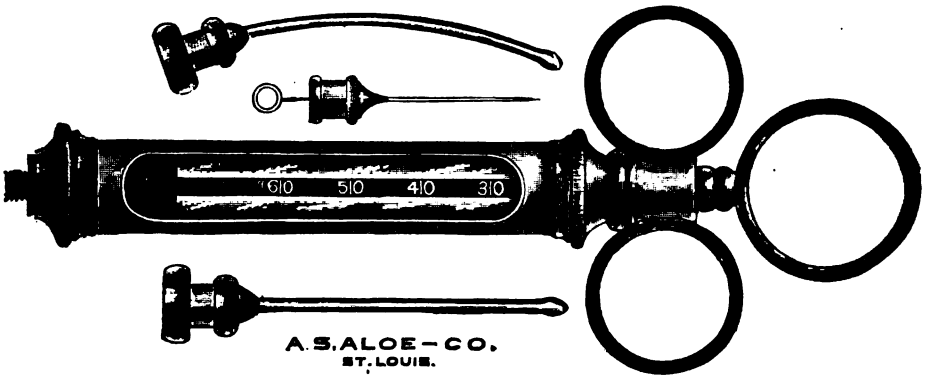
line casts, free blood and renal epithelium. This may go on to brown or pale granular casts with diminution of the solids of the urine. The fatty and waxy casts when numerous and persistent indicate long-continued chronic inflammation of the kidney with bad prognosis. Blood and epithelial cells are absent. In this case the urine is diminished in amount with specific gravity. The pale granular and small hyaline casts point to fibroid kidney. Aside from the microscopical appearance, the general condition of the patient, age, sex and previous history, must be taken into consideration. It should be remembered that the diagnosis of casts alone may mean little, but the kind of casts in abundance is the important point.—Maryland Medical Journal.



AN IMPROVED SYRINGE FOR INFILTRATION ANAESTHESIA.

During the past year I have been making large use of Schleich's method of producing local anaesthesia by infiltrating tissues with innocuous solution of salt, morphine, cocaine, etc., the anaesthetic effect resulting from the method of applying the fluid rather than from the drug or drugs employed in it. It has been a source of great satisfaction to me and the patients on whom it was used. The minuteness of strength of drug employed removes every element of danger from that source, even though a large quantity of the solution be injected; and the completeness and promptness of the effects are advantages readily evident.

But I have met with one objection that has restricted the use of the method to a marked degree. It is the fact that, no matter how easily and satisfactorily it may be employed in the superficial structures, where there are no large vessels in danger of being punctured with the hypodermic needle, when one is injecting in the depths of a wound in the neighborhood of large arteries or veins, as in enucleating bubo-glands immediately above the femoral vessels, etc., the likelihood of running the needle into one of them and producing disastrous results is not a fancied one.

By means of the needles represented in the cut, I have been enabled to do away with this difficulty. They are blunt-pointed and made of German silver, so that, though of sufficient stiffness to be thrust into the connective tissues of a wound after the skin has been severed, they would not injure a blood vessel if pushed against one.

The anaesthesia is begun, therefore, with the sharp steel needle and continued with either of the two silver ones. The choice between the latter depends on whether a curved or straight needle is more conveniently used.

The advantages offered by this improvement have shown themselves to be eminently practical and serviceable, and, in my estimation, will advance the scope and usefulness of the method to a great degree. This instrument was made for me by the A. S. Aloe Co. of St. Louis, Mo.

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Chicago Letter.

[SPECIAL CORRESPONDENCE OF THE MEDICAL FORTNIGHTLY.]

Dr. A. J. Ochsner is another of Chicago's careful, skillful, conscientious surgeons. He for a number of years was assistant to the late Charles T. Parkes, who was among the world's greatest operators. Since the death of Dr. Parks, Dr. Ochsner has been surgeon-in-chief to the Augustana Hospital, at which place he operates every Monday, Wednesday and Friday, at 8 a. m. I happened to drop in unexpectedly one morning, and this is what I saw:

The first operation was suturing a floating kidney which was causing much trouble. He cut down to the fatty capsule at one stroke, opened it and exposed the organ; then split the proper capsule of the kidney, loosened it to a considerable extent and stitched it to the fascia (in one place to the skin, the fascia failing to hold) in six places, with catgut; finally passing two strong large silk sutures through the skin and into about a half inch of kidney tissue, and packing the wound with gauze. He prefers the open packing rather than closure with drainage, upon the same principle that McBurney has in his method of hernia operations.

The next case was an exploratory coeliotomy in a man of 35, for probable stricture of the pylorus following gastric ulcer. Cancer of the entire posterior wall of the stomach was found, too far advanced for gastro-jejunostomy—so the wound was speedily closed, about eight minutes completing the work.

He next removed an appendix vermiformis which measured some eight inches, with foecal concretions. After cutting off the appendix he cauterized the stump with pure carbolic and then completely buried it beneath peritoneum by a number of Lembert sutures—a wise proceeding whenever the condition of the patient will permit.

The fourth operation was for pus tubes and ovarian cyst. It turned out to be pyosalpinx of the right side, but ectopic pregnancy of the left, about the 9th or 10th week. He used drainage in this case on account of the oozing from the torn adhesions about the pus tube which was removed unruptured.

Then followed a case of suppurating tuberculous abscess of the glands of the neck. He opened them widely, curetted thoroughly, dried the cavities and burned them with pure tincture of iodine, finally packing with iodoform gauze. One of the glands contained only soft caseous matter, not pus, but he treated it in the same manner as the others, though I should have preferred to see him excise all of them without opening them—on account of the danger of systemic infection. But he believes thorough burning with iodine immediately after curettement effectually prevents infection.

His last operation for the morning was for an immense iliac abscess arising from tuberculosis of the sacro-iliac juncture. He simply incised it behind, and then in front, allowed as much pus to run out as would do so by gravity, introduced a very large drainage tube and dressed with gauze. He thinks patients do much better by this plan than by irrigation and mopping out the pus with gauze. Later, when the patient is stronger, he will curette away the diseased bone.

It is a great pity that such a fund of clinical material as Dr. Ochsner has at his command should not be utilized for teaching purposes. Though not a brilliant speaker, he is certainly all that can be desired as a teacher: rapid, precise and clean; either the Post-graduate School or the Policlinic ought to take him into the faculty even if he does not "put up" money for a professorship. Possibly, however, in Chicago, as in some other cities, it is money rather than merit that often secures positions in medical schools. I have grave suspicions, indeed, that it is so. But nevertheless one or the other of the colleges might do well to make an exception in this instance.

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It is impossible to complete a series of letters upon the prominent operators of Chicago without referring to Dr. Alex. Hugh Ferguson and his work. Dr. Ferguson is a young, enthusiastic, scientific surgeon, who not long ago moved to Chicago from Winnipeg, where he was professor of surgery in the Manitoba Medical College, and accounted the great surgeon of the Northwest. He decided to locate in Chicago, where he was offered the chair of surgery in the Post-Graduate Medical School. Unlike some noted surgeons of this city, he had the advantage of a good collegiate education before receiving the degrees of Doctor of Medicine and Master of Surgery (M. D., C. M.), supplemented by two years' work in bacteriology and pathology in the laboratories of Berlin, as well as a year's study in the greatest clinics of Europe and America. As a consequence, he is what may be very properly termed an "accomplished surgeon."

And his methods show the results of his excellent training. It has been my fortune to see the work of the most distinguished surgeons of America and Europe, but candor compels me to say that, taken from all standpoints, Dr. Ferguson is the best operator I have ever met. With the utmost regards for asepsis (and if ideal aseptic surgery can be done, he is doing it), he is by far the most rapid of Chicago operators. While he has not the brilliancy of speech possessed by Murphy, or the inexhaustible supply of clinical material of Senn, he is unquestionably destined to be a formidable competitor of both. Although he has been in Chicago but little more than a year, he has presented some of the most interesting surgical cases I have ever seen in the clinics here, and in surprisingly large numbers, too.

For instance, at one of his clinics at the Charity Hospital, I saw him make an abdominal section for hydatid cysts of the liver, removing three large cysts from within the epicyst of Glisson's capsule, draining the latter after suturing the margins to the parietal peritoneum. The nonchalance with which he would thrust his knife into the smaller cysts, thrust in his fingers and pull out the collapsed walls, while apparently deeply interested in his discourse on the character, origin, etc., of these growths, was remarkable—until one learned that he has operated upon nearly forty of these (here) unusual tumors. This patient was an Italian woman, but most of his patients have been Icelanders or Eskimos who slept with their dogs.

At the same clinic he operated upon a man past seventy years of age for irreducible—but not strangulated—hernia; yet so speedily and bloodlessly was the operation done that the man recovered as nicely as would one of thirty years.

In operating for radical cure of hernia Dr. Ferguson prefers to isolate the sac, gather it up after the manner of MacEwen, and stitch it in the entrance to the internal ring; but in so doing he puckers it up by introducing his catgut string at the lower end, then catching it at a point about an inch and a half above, by transfixion, then at a similar distance farther on, and so on until the ring is reached; then the needle is passed from within the abdomen outward through the transversalis above the inguinal canal, and the string tightened; this pulls the whole sac into the internal opening of the internal ring in a series of puckers, which makes a much more solid pad than by MacEwen's simpler stitch. He next raises the cord into its new location, as in Halstead's operation, and brings Poupart's ligament up over the external and internal pillars of the ring whenever possible—thus making a support to the abdominal wall which cannot help but prohibit further descent of gut or omentum. In one case he could not find enough of Poupart's ligament to suture, so he resorted to the highly original plan of cutting across the sartorius muscle about eight inches down the thigh (fixing the upper end of the lower section with a few catgut stitches to prevent too much contraction), bringing this muscle up so that the cut end could be sewed to the fascia at the symphysis pubes. To this artificial Poupart's ligament the structures above and below were firmly sutured and with the most brilliant results. He does not like Czerny's method of excision of the sac, and has ut-

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terly discarded Kocher's plan of twisting the sac before invagination. He uses silk-worm gut drainage in all his hernia operations, removing it at the end of a week.

DR. ALEX HUGH FERGUSON.

Dr. Ferguson is as firm a supporter of catgut in aseptic operations as I am. He, like myself, has practically discarded silk, except for intestinal sutures, using catgut for all buried work and silk-worm gut for the skin. He uses a peculiarly prepared catgut, which seems better than any other I have ever seen. It is first subjected to some secret process which renders it perfectly pliable and very strong, after which it is subjected to sterilization by dry heat at a temperature of 284 degrees Fahrenheit for three hours. Each strand is then placed in sterilized tissue paper and inclosed in a sterilized paper envelope, which is hermetically sealed and only opened when ready for use. The envelope is then dipped in bichloride solution, 1 to 500, and torn by the nurse; the surgeon then extracts it with forceps, removes the tissue paper and uses the gut. It is almost impossible to break even a medium-sized strand. And in more than a hundred cases in which Dr. Ferguson has employed it, there has not been any suppuration in a single one. It can at present be obtained only from Noyes Bros. & Cutler, St. Paul, Minn.

Dr. Ferguson has a syringe of peculiar excellence for the injection of iodoform emulsion into joints, etc., as well as for exploratory aspiration. It possesses the advantage of being so constructed as to allow boiling, and so perfect sterilization. If, for example, one aspirates a suspicious tumor and finds pus, the common syringe is forever spoiled for other than known purulent cases, as there is no practical means of perfect sterilization; but this syringe is made entirely of metal, so that it can be boiled as many times as used, and so preserved in an absolutely aseptic state. It can be purchased at a comparatively low price.

EMORY LANPHEAR.

MEETING OF LARYNGOLOGISTS, RHINOLOGISTS AND OTOLOGISTS.

On April 7, 10 a. m., at the Midland Hotel, in Kansas City, Mo., a meeting will be held for the purpose of forming a society of laryngologists, rhinologists and otologists. All Western physicians engaged in the above speciality are cordially and earnestly invited to be present and aid in the work.

DR. BILLINGS MADE LIBRARIAN.

Dr. John S. Billings, formerly of the United States Army, and lately professor of hygiene in the University of Pennsylvania, has been appointed librarian of the New York Public Library. This library already has over 360,000 volumes and property amounting to several millions.

WOMAN'S SPHERE WIDENING.

The government of Hungary has issued a decree to the Universities of Buda-Pesth and Klausenburg, ordaining that women shall be admitted to academic studies, and also to special studies which will equip them to be physicians for women and children, teachers, and so on.

PROF. PIERRE CH. FAUVEL,

A distinguished French physician, died in Paris on December 17th, aged sixty-six years. He was especially well known for his writings upon diseases of the throat and nose.

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Philadelphia Letter

[FORTNIGHTLY SPECIAL CORRESPONDENT.]

Medical circles in Philadelphia have been greatly stirred by the removal of the editorial offices of The Medical News to New York City.

This journal started in Philadelphia over forty years ago, and was always looked upon as one of our institutions. Its late editor, Dr. George M. Gould, has brought it prominently before the world in the sense of a reform journal. Curiously enough, in its first issue it vigorously attacks quacks and those who would bring the profession into disgrace, and in its later years it has been constantly fighting for purer medical ethics. Dr. Gould made use of a more systematic method of spelling medical terms, and hundreds of contributors and thousands of readers have been influenced in their writing by this. Philadelphia is now without a prominent weekly medical journal. To start a new one means much invested capital and little return. The smaller weeklies have a chance to expand, and it is rumored that a certain monthly journal may become a weekly. The publishers of the News will lose many Philadelphia subscribers by reason of the change.

With few exceptions, the leading medical men of Philadelphia are not club men. In some of the smaller cities near by the medical men are prominent in social life. Here, this can not be said. A medical club was formed last year, which now has several hundred members, but so far its only work has been to hold a half dozen receptions. Some prominent physician is invited to meet the members in one of the large hotels, a lunch is in readiness, a few speeches are made, and the members shake hands, and go back to their work.

The club has no home as yet; this may come later on. A medical club house, with frequent entertainments, would not only be acceptable to the younger members of the profession, but it seems to me that the female members of a doctor's household, that portion hitherto so much neglected, would be pleased with such an establishment. The lawyers have their club, the business men theirs, the artists theirs, why not the doctors?

The Anthropological Section of the Academy of Natural Sciences is a section but lately formed, and already has as members quite a number of medical men. Dr. Harrison Allen is its director. At its last meeting Dr. D. G. Brinton brought up the subject of the degeneration of the reproductive organs in woman. He endeavored to show that the modern American woman is less capable of bearing children than the women of less civilized races. The anatomical variations going on make labor more painful, menstruation and the climacteric periods are attended with greater trouble, and the sexual desire is less powerful. Lactation is likewise impaired. From the fact that the Semetic woman living almost under the same external conditions is not so affected leads Dr. Brinton to think that race has something to do with the subject. The question is an important one and is worthy of considerable study.

The Pathological Society was lately addressed by Henry J. Berkeley of Johns Hopkins University, Baltimore, on the lesions of the nerve cells of the cortex produced by such a poison as ricin. The processes of the pyramidal cells shows swellings and loss of lateral buds, or gemmules. The lecture showed how intricate the pathology of the nervous system is, and that the only hope for progress in the study of nervous diseases must come from a more careful examination of the normal minute structure. The nervous system is a mine, the recesses of which have hardly been entered, and it will require much patient delving before we can know where we are. It is certain, however, that brain pathology is dependent upon the microscope, and the analytic stains and the gross changes that appear and that have heretofore received so much attention will be of little service in the study of diseases of the nervous system.

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THE MEDICAL FORTNIGHTLY is devoted to the Progress of the Practice and Science of Medicine and Surgery. Its aim is to present topics of interest and importance to the General Practitioner, and to this end, in addition to a well selected corps of Department Editors, it has secured correspondents in the leading Medical centers of Europe and America. News of Societies, and of interesting medical topics cordially invited.

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Editorial Department.

The Medical Colleges and the State Board of Health.

THE cause of higher medical education in Missouri is advancing. It has won its first battle, although the rebellious elements are by no means conquered. On the contrary, like the redoubtable insurgents of Cuba, they propose to carry the war beyond the walls of opposition, into the heart of the enemies bulwarks. Personalties have rlready entered into the controversy, and like characteristic doctor's quarrels—the green-eyed monster and the omnipresent fear of plotting to knock one's underpining of reputation to the ground, are factors which compared to the "monkey and the parrot," put the latter to shame. Why is it, that when any reform measure is advocated, or any new idea advanced calculated to do good to the general cause of medicine, that some one feels that it is a personal aim at him, or his? Why is it medical men are so jealous of that individualism which in the lawyer becomes a power for good to his profession, but which in the doctor, causes disruption, anarchy and rebellion? As a medical journal the organ of no college, no society, no clique, but devoted to the interests of the general practitioner, we believe that the Board of Health was aiming ONLY to promote the general welfare of society and directly too, the medical profession, by elevating the standard of requirements to enter the profession of medicine. That the action which it

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took is but the only one which a fair-minded board, aiming to follow the law and the best interests of its vested rights, could take, is, undoubtedly true. If the colleges suffered, it is no fault of the board, for the requirements were just, were commendable and aimed to benefit the students, the colleges; and the profession. Some institutions, as well as men, cannot stand reforms, they want to carry their grist to the mill in a sack, with a stone in one end to balance it, instead of dividing the grist and doing away with the stone—and in medical reforms they want to graduate men as they did in the *days of yore;* if they cannot do this, then they suspect the State Board of Health has an axe to grind, wants personal favors, &c., rather than the good of humanity. Why can't medical men dwell in unity; why can't they work for the common good—be broad enough to sink the self and to give others credit for the good which they do, and not be so little as to say they do it to promote their own welfare?

If there is one thing which is beneath the dignity, the respect and the nobility of medical men, it is this eternal suspicion of other men's motives—a man with such a disposition has our sympathy, he needs charitable consideration from his fellow-men. But, again, referring to the State Board's action we believe it is to the welfare of the good State of Missouri that the Board be sustained. Missouri needs to get out of the old routine of the 1808 edition, broaden its possibilities, and get into line with the pushing, hustling elements of 1896; do not let the newer states believe it is dead to all reforms, nor opposed to the progress of the century. The medical colleges of St. Louis should congratulate themselves that they have such a State Board, for it increases the value of their diplomas, carries greater prestige, and clears the atmosphere of the too frequent insinuation, that commercialism is at the bottom of medical education in St. Louis. F. P. N.

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The Danger in Diabetes.

ONE of the most interesting, yet perplexing, diseases encountered in clinical medicine is diabetes. We are still in the dark as regards its origin, excepting that we know that the pancreas has much to do with disturbances of glycolitic function. Again, we know that certain nervous conditions in certain individuals are conducive to the production of diabetes. The simple production of sugar, however, and the disturbed functions of the pancreas, do not explain diabetes. We believe that the solution of the problem, is going to be through the nervous system; and with the increase of our knowledge of the disturbances of the sympathetic nervous system, especially as regards that part of its function which preside over nutrition. Evidences have accumulated showing the close relationship between faulty metabolism and functional nervous affections, also, organic nervous disturbances. The quantative disturbances in metabolism, such as the elimination of ammonium and acetone or aceto-acetic acid, have much to do with the dangerous complications which may arise. We believe we have evidences of disturbances of nervous and mental functions, due to the poisonous action, especially, of the acetone on nerve centers. The acidification of the urine from

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acetine, produces conditions which eventually end in coma or other nervous phenonema, viz., headache, migraine, intercostal pains, lumbar pains, peripheral multiple nueritis, insomnia or somnolence, melancholia, etc. It strikes us, that we should let the presence of acetone guide us in our treatment, for here lies the danger—in acetonæmia or acetonuria. The danger increases directly with the increase of acetone, the immediate danger from sugar itself is not so great, *it is indirect* and gradual. We must relieve the aceotonæmia, however, if we wish to save our patient. Treatment should be largely dietetic, and with the use of an agent that will quiet the nervous system. Codeina answers the last requirement, and by carefully watching the diet we can overcome greatly the dangers from its source.

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Farce-Comedy.

TENNYSON'S "Brook," you remember, would "go on forever." Some expert testimony is like the brook, especially is this true when alienists have the floor. Such testimony is like the game of battle-door and shuttle-cock, dependent upon how successfully the returns are made. But compared to this child's game, there is more in it of give and take, more real down-right fun and more excitement than in any game requiring athletic skill.

St. Louis has had "another season of it," with the well-worn Duestrow trial where, the science of alienism was glorified (?). There is much fun in noting the scientific observer, the text-book alienist, the habitual exaggerator and the alienist (?) who discovered insanity in three hours, which *experts* could not detect in six months (we wonder if he is such an alienist as the *American Medical Review* spoke about, who defines the word alienist, as one who is opposed to foreign immigration). It would take the pencil of a Charles Hoyt, to give the just picturesqueness to such a combination. Here we find, too, the alienists of the Lombroso school of criminology, who are ready to find degeneracy stamped on every peculiar ear, facial expression (including a peculiar stare), or capacity to drink beer. Not satisfied with such an evidence of total irresponsibility (?), they come again with these facts, that on two or three occasions (when freely using beer), there has been a lapse of consciousness, and amnesia, indicating that that grave disease which undermines mental stability, viz., petit form of epilepsy, is most assuredly present, and a life worse than death itself to the victim, is going to be the result. But again, comes even a more astounding evidence of degeneracy, this grave epileptic state has engrafted upon it, that mental disease, which like a mighty whirlpool, if you once get in its clutches, it takes you down, down to mental death—PARANOIA.

Paranoia is a pleasant word to pronounce; it is like the tinkling of a silver bell, and leaves behind such pleasant memories of well arranged vowels. This is just about all, that it does leave behind in the mind of the average lay jury, and when you add "acute hallucinatory paranoia," ah! then we have the score complete, and it jingles in our memory like Mark Twain's famous "A blue trip slip for a six-cent fare," etc.

And so goes on the story. Imagine, if you can, the horrors of existence which one so afflicted must suffer. We will have to have a Dante to

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recite them for us. The court was merciful and allowed an adjournment now and then, to permit the members of the jury to gird up their loins for the next expert "at the bat." Scene after scene like this was enacted until at last the curtain went down, and the jury (I pity them) was called to make out of this expert testimony "what was what!" They were men who wanted to do their duty, as evidenced by their verdict, were believers in "*fiat justitia, ruat caelum,*" though they have received but little help from medical expert testimony. F. P. N.

"The Young Doctor."

To the Managing Editor of the Fortnightly:

I judge you to be a young man from the exuberance in behalf of the "Young Doctor," manifested in your article in the last number of your journal. Much you say of the young doctor is true and deserving, but do you not exalt him a little too high in giving him all the credit for medical advancement? The advance in the sciences and the facilities for acquiring knowledge respecting them, give the student of today advantages far superior to those of his predecessors of fifty, or even twenty-five years ago, and much more will be expected and required of them in the healing art. But your attempt to relegate the old doctor, the "anti-bug" doctors, as you are pleased to term all who received their sheepskins more than ten or fifteen years ago, seems rather "fresh" for even the most opinnated, advanced of the younger set. The most startling statement you make, that "men past forty-five do not accept new truths," I think will not be accepted as truth, even by the class you so much laud. Who first brought to light and demonstrated the germ theory? Was it not a man at least fifty years old? Who applied the discovery to the practice of surgery? Was he not a man of at least fifty years of age? Was it not a doctor verging closely on a half century in age—forty-nine years—who performed the first laparotomy in the world? These and other elderly physicians have led the world in all the sciences for the past century. The young physician learns much in manipulation and theory, and gains a smattering of practical knowledge while in college, but there is knowledge he can only gain by experience at the bedside, and that, too, by close persevering observation. And he will there learn that the theory he has acquired in medical institutions often clashes with the facts gained by observation.

That many doctors become "back numbers" is too true, but such were never interested or fitted for the profession. Is it not reasonable to suppose that a physician, who is wide awake to the interests of his patrons—who has a fair education and good natural ability, and who keeps himself posted and up to date with the best medical thought of the times, through his books and medical journals, is better equipped to successfully practice his profession than a beginner, or even one who has had a few years experience at the bedside? Is it not the man and his acquirements and his adaptability to the profession, and not his age, that the world looks to for success and advancement in the healing art? There are fossils, back numbers, old fogies in the profession, who have not discernment enough to know when they should give way to the accomplished younger element, but there are also educated dolts, impracticable theorists and conceited Solomons as well, whose course will be like the rocket, mounting up in a blaze of glory, and ere long coming down like sticks. Give honor to whom honor is due. FAIR PLAY.

We accept gracefully the kindly criticism of Fair Play to our enthusiasm over the young man in medicine; and in reply would say, that age in years is not the *real* measure of one's enthusiasm. The editor was in error when he made the sentence to read as it is; he should have said, men passed 45 *rarely* accept new truths—the age limit is perhaps too young, but with the average physician this is true. We except *of course*, the students in medicine, who are always young—he who keeps abreast with progress, is always young—he who sees new possibilities is always young; he who loves his profession, and prefers his study with his books and his journals, to the plaudits of politics or the shallowness of modern society, is always young in his enthusiasm; he who strives to conscientiously work and experiment in his laboratory, even though the mottled gray hairs too frequently tell him he needs rest, is always young. To him medicine is the "fountain of youth," and as he quaffs at its flowing basin, he reads what "one of the boys" in medicine, Oliver Wendell Holmes, has to say:

"Call him not old, whose visionary brain
Holds o'er the past its undivided reign.
For him in vain the envious seasons roll
Who bears eternal summer in his soul.
If yet the minstrel's song, the poet's lay,
Spring with her birds, or children with their play,
Or maiden's smile, or heavenly dreams of art
Stir the few life-drops creeping round his heart,—
Turn to the record where his years are told,—
Count his gray hairs, they cannot make him old!"

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The Medical Fortnightly

The Medical Disorganizer.

UNDER this caption, Dr. T. O. Summers, in the February issue of the *St. Louis Clinique*, thus cleverly describes the personality and habits of the character so well known to all of us:

"There is a specimen of the *genus medici* abroad in the land—very largely abroad—whose solemn and sacred commission seems to be the "*regulation of affairs*." He is always present at every society meeting to which he has access. He will sell his overcoat when the thermometer is below zero to get a 'chance at the meetin',' as Drumtochty folk would express it. That chance is never lost. Be it a motion to dispense with the reading of the minutes of a meeting of no significance or importance to save time for crowding matters of present interest, he will, with owl-like dignity, arise to protest against the motion, which no doubt he himself would have made if some one had not '*gotten in*' before him. On subjects of deep scientific interest the voice of this *Whip-poor-will* is never heard unless perhaps in a '*motion to adjourn*.'

"This character is the *mycoderma cerevisiae* of all organizations. The majority of working medical men who are after results, who care but little about the details of organization in society work, are willing to leave to the officers selected the general guidance of the body, and are never so well contented as when all these matters are 'referred to the committee.' But this character to which we refer makes it his business to stir up all the elements of strife in any association into which he may have 'eeled his slippery way.' He will meet you at the door before the association is called to order and whisper in your ear most marvellous suspicions, dangers, probable consequences *et id omne genus* for your edification and protection, and conclude by marking out for you a program of action—the deviation from which he will show you must work out your eternal damnation. He either has some friend to support or some enemy to defeat, and he wants to rally you under his banner. You may come to the meeting in a quiet, thoughtful mood, awaiting with interest the reading of a paper announced or a patient to be presented in the general interest of medical science, but before you have time to doff your overcoat you are buttonholed for some personal scheme in which it is the interest of this lobbyist to enlist your participation.

"'We say it without hesitation, and say it boldly,' that these men are the curse of medical societies. Thomas Jefferson has said, and the words should be engraved in letters of brass to endure forever—'those people are best governed who are least governed.' Medical men are not brought together in great organizations, or even in smaller societies to grind any personal axe. The less we have of politics in medicine the greater will be the progress of scientific thought. When we go to the meeting of a scientific body most of whose members are waiting anxiously for the presentation of some interesting case or paper, it is exasperating in the extreme to have men take up the time allotted to this, the real work of the association, by points of order, questions of privilege, previous questions and all such irrelevant matters that is far more fit for the hustings than for dignified, earnest, honest, scientific men who come together for scientific work.

"What we have said is in nowise personal, but as every true medical society man knows, applies to all our organizations from the smallest village

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society meeting rotating in the offices of the town physicians, up to the American Medical Association itself. We believe it to be a part of the mission of the medical press to note, condemn, and do all in its power to correct these evils, and of these we recognize no greater than the turkey-gobbler disorganizer of the medical society.

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The Ophthalmoscope.

IT is with pleasure we announce that we will soon commence the publication of a series of papers on "The Ophthalmoscope; its Uses," etc., by J. Ellis Jennings, M. D., of our staff. These papers will be practical and wholly designed to give the general practitioner such uses of this valuable instrument of precision in his daily routine of practice as will enable him to perfect his powers of diagnosis, and thereby render more efficient services to his patrons. It is a lamentable fact, that like the stethoscope, this instrument is too frequently ignored and set aside as too complicated, when by becoming familiar with its uses, the physician can remove many points of doubt in his examinations, and win for himself a more satisfactory position, do better work and be more successful in his practice. These papers which will be embellished by numerous illustrations, will, after first appearing in our reading columns, be compiled and published in book form. We feel certain that our readers will be greatly profited by these valuable papers, and coming from an authority, they will be well received.

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MISKEL, the new novel by Dr. L. M. Phillips, is creating quite a sensation among litterateurs. In a recent issue *The Journal of the American Medical Association* prints the following synopsis of this book: "The story turns largely upon hypnotism and Hindoo magic. A baby is stolen in Lucknow; the father, an English officer, is also abducted. In course of time the custodian of the child becomes a resident of an Ohio town, where she astonishes the good people of that slow but altogether correct village by her wealth, her beauty, her accomplishments and her magic, and knowledge of the hypnotic art. She finally hypnotizes and ruins the only bank cashier, and runs a career of astonishing riot which finally takes her East to consult Hammond, Ranney and other neurologic luminaries; but through the doubly diabolic agency of her two Indian servants, who feed her on hasheesh, the prognostications come to naught and she seeks refuge in an inebriate asylum, only to die by the knife of one of the Hindoo assassins. Meanwhile by phenomenal valor, and the courage and ability of a self-sacrificing friend, the officer is restored to his family and everybody is happy ever afterward. On the whole it is a clever story."

THE paper by S. T. Walker, M. A., Superintendent of the Illinois Institution for the Deaf, which appears in our next issue, is one of practical worth, indicating a new field of work for these large State institutions, which have heretofore been given up almost wholly to the educational part of deaf-mutism. The FORTNIGHTLY is please to have the honor of its publication, for it is a paper which sounds the beginning of a new era in State charities.

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The Happy Medium.

An Appreciative Reader—

336 Beacon St., BOSTON, MASS., Feb. 6, 1896.

I always enjoy the FORTNIGHTLY, which recalls so many of my old colleagues, and tells me of their present work; but let me ask you to note my change of residence, and to send the FORTNIGHTLY to my new home, and not to 3003 Locust street. With best wishes,

Yours truly, GEO. J. ENGELMANN.

Enterprise Commended—

"THE HAPPY MEDIUM" is the title of a very handsome little brochure issued by the MEDICAL FORTNIGHTLY, of St. Louis, as a souvenir to its patrons and subscribers. It consists of half-tone pictures of its editorial staff, some twenty-five in number, handsomely executed, and bound in an elegantly embossed cover. It is a very tasty affair throughout, and speaks well for the enterprise of the FORTNIGHTLY.—*National Druggist.*

The Dictionary's Limit—

NEW YORK CITY, February 1st, 1896.

EDITOR THE MEDICAL FORTRNIGHTLY, St. Louis, Mo.

MY DEAR SIR:—I am in receipt of your pamphlet, entitled "The Happy Medium."

Experience has taught me not to be too enthusiastic, and to use comparatively few adjectives, and seldom indulge in superlatives, but this pamphlet that you have sent me is so remarkable in its true and beautiful simplicity, so effective, so strong and convincing, that I feel that I would be justified in using as strong terms as the dictionary permits.

I take pleasure in sending by mail today, a package marked "Caution," which contains an announcement of my coming book, "Fowler's Publicity."

Sincerely yours, N. C. FOWLER, JR.

THE FORTNIGHTLY'S NEW COVER.—Many compliments have been bestowed upon the new engraving which adorns the exterior of this magazine, and it was the intention of the publishers to greet the readers with a new and novel brand of cover paper, as well, on the first of the new year. The paper mill, however, delayed the production of this cover (which has been manufactured especially for this magazine) until this late day, and the FORTNIGHTLY, therefore, now dons its new overcoat for the first time.

CHARLES WOOD FASSETT, Secretary of the Association of Medical Publishers, has just issued a revised edition of the "Medical Journal Exchange List," containing the names and addresses of all publications in the United States and Canada, devoted to Medicine, Surgery, Pharmacy, Hygiene, Microscopy, and allied sciences. This list is printed upon adhesive paper, and is used extensively by publishers in mailing their exchanges, as well as by scientific writers in sending out reprints, etc. Price, $1.25 per dozen complete sheets.

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The Reviewer's Table.

Books, pamphlets, instruments, etc., for this department, should be sent to the Managing Editor, 1006 Olive street.

A MANUAL OF THE PRACTICE OF MEDICINE.—By George Roe Lockwood, M. D., Professor of the Practice of Medicine, Woman's Medical College of the New York Infirmary. 75 illustrations and 22 full page colored plates. Philadelphia: W. B. Saunders, 1896.

This excellent manual belongs to Saunders' New Aid Series (being a double number). It gives the principles and essential facts of practical medicine systematically and in such shape as to make the book very useful to students. While not as elaborate as a text-book should be, yet for practical purposes for students' use this book is very commendable. We wish it the success it deserves. F. P. N.

AN AMERICAN TEXT BOOK OF SURGERY.—By American Authors. Edited by W. W. Keen, M. D., and J. William White, M. D. Philadelphia: W. B. Saunders, 1896. Sold by subscription only. Prices: Cloth, $7.00; Sheep, $8.00; Half Russia, $9.00.

This is the second edition of this well-known work—the greatest text-book yet published. It must be gratifying to the authors and publisher to have this book so well received. Like many works having numerous authors, it has some objectionable features, but upon the whole it is the best of its kind yet published. Among the new features added to this edition are the Hartley-Krause operation for removal of Gasserian ganglion; a new section on Acromegaly; new operations in brain and spinal cord surgery; Murphy's button, etc. Many new illustrations have been added, and the text has in places been rewritten. The general practitioner should have this work in his reference library. It promises to be the standard text-book for years to come, as its style is good, the printing first-class, and it answers all the requirements for a work of its class.

SURGERY.—A Practical Treatise with Special Reference to Treatment, by C. W. M. Moullin, M. A., M. D., Oxon. Fellow of the Royal College of Surgeons; Surgeon and Lecturer on Physiology to the London Hospital. Third American Edition, Revised and Edited by John B. Hamilton, M. D., LL. D., Professor of the Principles of Surgery, Rush Medical College, Chicago. Philadelphia: P. Blakiston, Son & Co., 1895.

A careful perusal of this valuable work on surgery leads us to say that as a text-book for students and safe clinical guide to practitioners, it is one of the best we have ever reviewed. For conciseness, clear description and practical application of the teachings of modern surgery, it is eminently first among books of its character. Designed especially as a text-book, it certainly meets every requirement and should be recommended to students. The fact that a third edition has so speedily been called for is testimony sufficient to show the reception it has been accorded from students and practitioners. It has been carefully revised by the American editor, bringing it up to our American ideas. The press-work is that of the well-known house of Blakiston.

THE AMERICAN YEAR BOOK OF MEDICINE AND SURGERY.—A yearly digest of scientific progress and authoritative opinion in all branches of medicine and surgery, drawn from journals, monographs and text books of leading American and foreign authors and investigators. Profusely illustrated. Edited by George M. Gould, M. D. Philadelphia: W. B. Saunders, 1896. Sold by subscription. Prices: Cloth, $6.50 net; Half Morocco, $7.50 net.

It is needless to say that a book edited by Gould and published by Saunders is authoritative. That is implied. We gladly welcome this additional evidence of the American enterprise and scientific work of the medical press. It is highly satisfactory in every respect, and marks a new epoch, we believe, in the compilation of select medical literature. Not but that we already have in other annuals a complete—yes, exhaustive—compilation of things new in medicine and surgery, but rather that a new refining process is added, whereby a more select sifting is made, with more elaboration of the essential evidences of progress. We trust that this work will meet with the hearty reception which it so much deserves. Let it be used, in order that its value may be appreciated. Teachers in medicine and surgery will find it of especial value. F. P. N.

P. Blakiston, Son & Co., of Philadelphia, announce a book on "Appendicitis," by John B. Deaver, M. D., Assistant Professor of Applied Anatomy, University of Pennsylvania; Assistant Surgeon to the German Hospital, etc. The book will be arranged in a prac-

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tical and systematic manner. The history, eitology, symptoms, diagnosis, operative treatment, prognosis and complications of this disease will be given in the order named. It will contain about forty illustrations of methods of procedure in operating, and typical pathological conditions of the appendix, the latter being printed in colors.

"KEIL'S MEDICAL, PHARMACEUTICAL AND DENTAL DIRECTORY.

George Keil, Editor, Philadelphia, announces the early publication (fourth edition) of "Keil's Medical, Pharmaceutical and Dental Register-Directory and Intelligencer," for Pennsylvania, New York, New Jersey, Maryland, Delaware and District of Columbia. Its list of national colleges, state hospitals, homes, dispensaries, societies and postoffice addresses of physicians, druggists and dentists, school of graduation and year, all the latest laws in these states, will be complete to date of issue, as a personal canvass will be made for data. It is the only directory published for above-named states, registering graduates of all schools, physicians, druggists and dentists, and imparting all information needed by the professions mentioned in their daily practice. No effort will be spared to make the directory complete, and the information accurate and reliable in the minutest detail belonging to the domain of medical, pharmaceutical and dental professions. An experience of thirty years is a sufficient guarantee that all subjects will be properly treated in Keil's Directory. The names in large cities, in addition to being in alphabetical order, will be numerically arranged by streets, also an alphabetical list of names of the whole directory, giving the page of each; these features will no doubt be appreciated.

"Don'ts for Consumptives, or The Scientific Management of Pulmonary Tuberculosis," is the title of a book which, under the authorship of Dr. Charles Wilson Ingraham, will soon (about Feb. 10th) be issued by the Medical Reporter Publishing Company, of Rochester, N. Y.

The complete work of thirty-five chapters is devoted exclusively to the general management of pulmonary invalids, no reference whatever being made to drug treatments.

The object of the author is to supply the physician with a practical work, and at the same time, by eliminating technical terms, reduce the text within the easy comprehension of the intelligent patient. The author claims that "a good understanding of his condition is the best remedy for the consumptive." With this book in the hands of his patient, the physician will be relieved of a multitude of details which attach to the successful management of such cases. Special attention has been given to those chapters pertaining to the destruction of tubercular infection.

The book will be printed on seventy-two-pound antique book paper, bound in cloth (imitation morocco), with title in gold leaf. Price, $1.75.

A MANUAL OF SYPHILIS AND VENEREAL DISEASES.—By James Nevins Hyde, A. M., M. D., Professor of Skin and Venereal Diseases, Rush Medical College, Chicago, etc., and Frank H. Montgomery, M. D., Lecturer on Dermatology and Genito-Urinary Diseases, etc., Rush Medical College, etc., Chicago. With forty-four illustrations in the text and eight full page colored plates. Philadelphia: W. B. Saunders, 1895. Price $2.50 net.

This manual elicits our hearty approval. It is not wordy, but gives, in sufficiently full text, an up-to-date exposition of the subject. The illustrations are very good. As to the subject matter, syphilis is first considered in its various manifestations; then follow chancroid, genital lesions, not purely venereal, urethritis, acute and chronic, stricture and gonorrhoea in women. The work is one that will be found valuable to both physician and student.

REPRINTS

REPORT AND REMARKS ON A CASE OF PUERPERAL ECLAMSIA (Denver Medical Times.)—Dr. W. L. Freeman, South Denver, Colo.

SOME CURRENT ERRORS RESPECTING INSANITY.—C. B. Burr, M. D., Flint, Mich.

BATH TREATMENT OF TYPHOID IN PRIVATE PRACTICE.—Wm. Shirmer Barker, M. D., St. Louis.

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Original Department.

PAPERS for the Original department should be in hand one month in advance, and contributed to THE MEDICAL FORTNIGHTLY exclusively. A liberal number of extra copies will be furnished authors, and reprints may be obtained at reasonable rates, if request accompanies the manuscript. Engravings from photographs furnished free.
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French Therapeutics and Formulæ.

[CONTINUED]

BY THOMAS LINN, M. D.,

PARIS AND NICE, FRANCE.

Acute Rheumatism.

1st. Patient to remain in bed and the articulations to be covered with cotton and then rubber or gum cloth over.

Light alimentation—mostly milk, and to drink hot drinks made of cherry stems and spiræa ulmaria or meadow sweet.

(It should be stated here that the French *"tisane"* is a hot drink that is given to all patients and it is composed of 10 *grammes of the herb advised to one quart of boiling water*, making a sort of herb tea, which the person is allowed to drink at will).

The most common herbs used are the lime or tilleul leaf, the orange leaf, commomile, mauve, broom, liquorice, cherry stems, barley, linseed, patience, star aniseed, gentian, etc. To these are sometimes added different syrups such as gum, rice, orange, etc.

2. Take every day during the pain, swelling and fever, the following potion—tablespoonful every two hours:

℞ Sodii Salicylat..... 6 grammes
Rum.....30 "
Syr. Limonis.....30 "
Aquæ Menthæ.....30 "
M.

3d. Paint the articulations with this liniment:

℞ Oil Hyoscyamus.....60 grammes
Balsam Tranquil.....40 "
Chloroform.....,
Laudanum.....aa 10 "
M.

Sub-Acute Rheumatism.

1. Take every day, first thing in the morning, a teaspoonful of effervescent salicylate of lithine, in a glass of royal mineral water.

2. Paint the articulations with tincture of iodine and cover them with a bandage of flannel.

3. Take a teaspoonful once a day of the following solution:

℞ Arsenite of Soda..... 10 centigrammes
Iodide of Potassium..... 10 grammes
Distilled Water.....300 "
M.

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Cerebral Rheumatism.

1. Take a cold bath every two hours at 20 degress *Celsius*, let it be about ten to fifteen minutes duration.

2. If there is extreme agitation—give every hour a tablespoonful of the following mixture:

℞ Strotium Bromide..... 4 grammes
Syrup of Chloral.....40 "
Syrup of Cinchona.....40 "
Aquæ Menthæ.....40 "

3. If there is a tendency to coma give a hypodermic injection of a syringeful (or a centimetre (cubic) of the following:

℞ Spartiene Sulphate.....10 centigrammes
Cafeine..... 1 gramme
Sodii Benzoas..... 3 "
Boiled Water.....10 cubic centigrams.

Convalescence from Rheumatism.

1. After the cessation of the pains in the joints continue the use of the Sodii Salicylat, in 50 centigramme doses in wafers, for ten days, once a day.

2. Just at meals, take also a granule of Arseniate of Iron of one milligramme.

3. Take twice a week a sulphur bath or get fumigations made of turpentine.

4. After rheumatic attacks it will be well to make a three weeks bath and massage season at *Aix-les-Baines*, or *Bareges* or *Bourbonne-les-Baines* or some such similar mineral water station, where they treat rheumatism of a chronic nature in summer time.

Sciatica.

1. Repose in bed, with the member wrapped in cotton and kept quiet.

2. Spray along the course of the nerve with Chloride of Methyl. The jet from the tube must be moved up and down and not more than a few seconds in each place. There must not be any vesication but as soon as the part looks white—stop.

3. Take for twenty days, every day, a tablespoonful of this mixture:

℞ Arseniate of soda..... 10 centigrammes
Iodide of Strontium..... 10 grammes
Distilled Water.....250 "
M.

3. Take a sulphur bath every other day and follow by a massage of the leg.

Rebellious Cases of Sciatica.

1. Make cautery points along the nerve weekly, and alternate with frictions of strong terebinthine and chloroform liniments.

2. Take two of these pills daily:

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℞ Nitrate of Silver..... 1 centigramme
Ext. Belladonna..... 1 "
Liquorice Powder q. s. ft. pils. No. 30.

3. If the above means do not cure, then have a surgeon to make a *stretching of the nerve.*

The formulas and drugs are according to the French codex. The *Baume Tranquille* or *Balsamum Tranquillans* will be found in codex, The doses are in French grammes.

Vesication and Counter-Irritation.

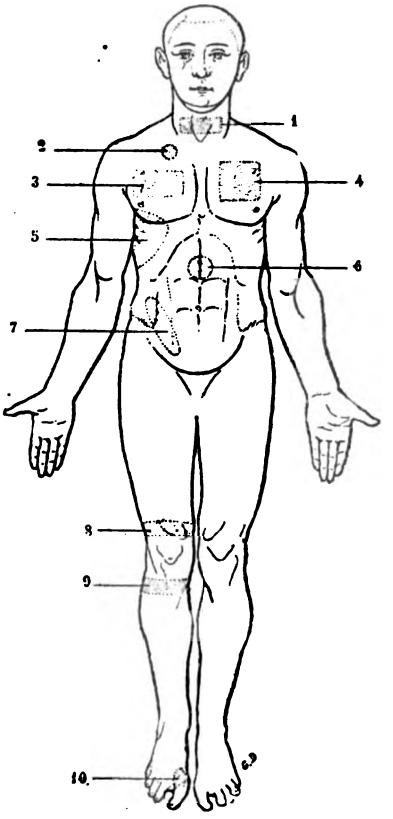

FIG. 1.—Shows the position for vesication in different maladies on the anterior surface of the body.

1. For Laryngitis and Œdema of the Glottis, etc. 2. For Phthisis, Tuberculosis, Caverns, etc. 3. Neuralgia of the chest. 4. Cardiac troubles, Pericarditis, etc. 5 Pulmonary affections, Pleurisy, Neuralgia, Stitch in the side, Liver pains, etc. 6. Affections of the stomach. 7. Typhilitis and Appendicitis. 8 and 9. Knee troubles, Arthritis, etc. 10. Arthritis of first Metacarpian Articulation.

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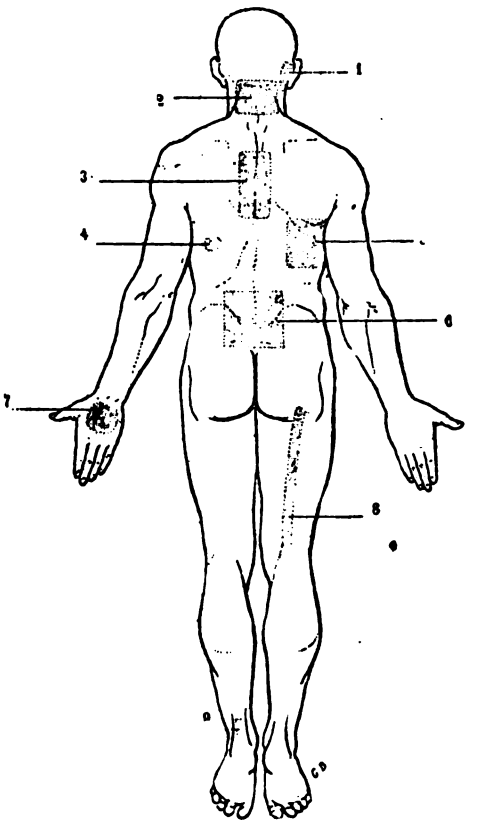

FIG. 2. Position of vesication on the posterior surface of the body.

1. Abcesses of the ear, Migrain, Eye diseases. 2. Torticollis. Vertebral Rheumatism. Affections of the Medulla Oblongata. 3. Maladies of the Spinal Column, Ataxy, etc. 4. Intercostal Neuralgia. 5. Pleurisy and Pneumonia, Pulmonary Conjestion. 6 Spinal Complaints, Lumbago, etc. 7. Arthritis of the wrist. 8 and 9. Sciatica.

Thomas Linn M. D.,

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The Medical Fortnightly

Nervousness in Young Women: Its Mechanism, and Some of Its Causes.

BY FRANK PARSONS NORBURY, M. D.,

Professor of the Practice of Medicine and Clinical Medicine, St. Louis College of Physicians and Surgeons.

In inviting your attention to the consideration of this subject I am aware that from the point of view of many practitioners it is considered more in the light of a joke than in all seriousness. I present it with a view of calling forth serious discussion of some of its phases. I shall consider it under two heads, viz.: First, Mechanism; second, Some of the Causes and Results.

MECHANISM.

In the study of psycho-physics we have learned that the function of the gray matter of the brain is that of a reservoir for the storage of nervous energy, which it liberates at appropriate intervals, in appropriate quantities and in appropriate directions. The complex molecular strata known as the gray matter is concerned also in the generation of this force; just how, we do not know. Further, that, like the wonderful pitcher, the gray matter has the power of regeneration when once discharged or emptied of its energy. The energy when liberated calls into power the nervous system as the distributing agent, which is primarily its function. This energy is only liberated when the necessary impulse or impact is given. Certain molecules require greater impact than others to discharge their energy; i. e., they vary in susceptibility to impressions. This energy is never liberated without a first impact or shock, which is always due to outside sensory or afferent impressions, coming, of course, from the outside world. Innumerable, indeed, are these currents, some coming from apparatus especially designed to concentrate them, as the special sense organs. All, however, when they reach the gray matter, the storehouse, reinforce the molecular turmoil which goes on there, the effects of which are always evident to us by the constant discharge of energy along the nerve paths to the uttermost parts of the body. These discharges (efferent) go, in a great measure, to the muscles and maintain its tone. A variety of other functions could be detailed, but are not necessary here. However, we know that, primarily, this redistribution of energy is the function of the nervous system. What we call psychical functions, too, belong to this mode of motion and rythm is the characteristic of all nervous energy discharges. Intermittency is the marked feature of nervous flow. Muscular contractions are due to this discharge, whether the impact be willed or reflex movement. Again, this discharge is shown to be capable of exhaustion, as evidenced by the fact that if contraction be kept up continuously after a time there is a lessening of the contractions, then finally arrest of motion. The physics of this experiment is self-evident: There has been lack of restoration of energy, due to the too rapid discharges to permit of its regeneration; as a result, one stratum after another of molecules or cells has been discharged, until at length a stage is reached when the instability of cells has been exhausted and motion is arrested. Let it be said here that instability in the molecules charged with energy is their normal state; they are just waiting for the impact in order to be discharged. Now, when stability results, we have exhaustion. The restorative potency of rest may be noticed if time enough be given between discharges; then the molecules are again full of energy and ready for work. This period of rest is fatigue; normal when the cells or molecules are not inhibited in their function and have a period of stability, abnormal when instability is their common state. Now, the fatigue is the same, whether this discharge be due to central causes (voluntary effort) or external causes (involuntary effort). Mosso has shown us

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there is central fatigue in both instances. This fatigue may extend to more than immediate cells concerned, if it is unduly prolonged, for by a law of gray-cell action there is substitution of function when from disease or destruction there is disturbance of functions of special regions; hence adjacent territory may be involved, or territory remote, if associated in the mental effort. We find, therefore, that we may have general muscular weakness resulting from abnormal fatigue of special groups. Again, we may, by abnormal mental effort, produce muscular fatigue, but this is explained through toxic effects of effete products interfering with cell nutrition.

Restoration of energy is a normal process—repair must follow waste, and if properly balanced we have normal fatigue followed by re-energized states. Rest is necessary, then, in the animal economy. Unbalanced waste and repair gives us abnormal fatigue or prolonged wasted energy; there being over-stimulation, a constant instability, resulting in irritability, inanition, and a genuine condition of nervousness or nervous exhaustion, a neurasthenia. In brief, this is a resume of the mechanism of nervousness.

CAUSES AND RESULTS OF NERVOUSNESS.

In order to apply these principles regarding mechanism to causation, we will first have to consider this period of young womanhood, in order to better understand some of its characteristics. Young womanhood is properly that period which we call adolescence, which extends from about the thirteenth to the twenty-second year. This period embraces very often three of the four great epochs of a woman's life, viz.: Puberty, marriage and childbirth. We are sure of one epoch, at least, in every case, and this, indeed, is an important one, so far as physical weal or woe is concerned, for her future. Puberty is the index of the future in many nervous women. A calm, uneventful puberty means a calm, uneventful period of active womanhood, unless intercurrent events modify its course. Menstruation, a rythmic nervous phenomena, which, when normally established, will, like the old clock on the stairs, tick out punctually its allotted time if we can keep it regulated. It has a bearing on young womanhood which figures conspicuously as a factor of importance in the production of nervousness. Again, the nascent instincts of womanhood are, during adolescence, brought into being, and wield their subtle influences in ways wondrous and strange. But the greatest of all potentialities in woman's life is motherhood, and when the instincts, the love, the power, is evolved, so mysteriously, we know it, too, demands a consideration when we look at this great period of woman's life.

Again, another factor, governing sometimes wisely, but most of the time illy, in the causation of nervousness in women is that all-powerful influence, heredity. Nordau calls it the "dark brown background" on which the picture of life is painted; but in the nervous young woman we must consider environment,in giving the color, education, in bringing out details, and habit and hygiene, as "filling in," to make the picture complete.

With these great causes as the basis for much consideration, let us look at some of the minor influences which, through the mechanism of abnormal fatigue, produce nervousness. Overwork, over-excitement, over-stimulation, are the three heads under which I divide abnormal fatigue.

Overwork, whether mental or physical, or both, is the cause of most of the nervousness in young women. Overwork in study is a great source of abnormal fatigue; pedagogues would have us believe that we are mistaken in our opposition to close application to study during this formation of womanhood. They insist there is no overcrowding, no overloading with excessive study; that the hygienic surroundings and observations are perfectly proper; hence, the hereditary factor, if it exists, cannot be said to have been influenced from these causes. Again, they say that certain studies should be pursued for their mental discipline. One educator will say the classics, another mathematics, complete the rounding-out process leading to culture. I, myself, am a believer in electing such studies as are to be useful—not let us do as Herbert Spencer says men do, viz.: "They dress their children's minds as they do their bodies: in the prevail-

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ing fashion." The ambitious student will elect any and all studies that will give culture; but is culture the prize they draw, after all? Is is not too frequently a broken down nervous system, which means a life of nervousness? Coming in contact as I have with so many young lady students in the college community in which I have lived, I saw the folly of attempting too much, and saw, too, in many instances the mechanism producing this nervousness, which came in due time. Some very sad cases have come under my observation; one instance which I have previously reported will bear repeating, however: A young lady student in a leading college had taken the four years' classical course in three years; she was preparing to become a missionary to Africa; her lover was in the same field of work; he returned from Africa to witness her graduation, then they were to have been married. But, alas! on commencement day her health would not permit her to be present at the exercises—she was one of the prize scholars at that. The wedding could not take place because of her continued ill health. Neurasthenia, and as severe a case as I ever heard of, was the trouble. She ultimately became insane, made a partial recovery, but is now a victim of multiple sclerosis, it having developed within the past six months. From her I learned that while in college she worked from 5 a. m. until 10 p. m., even taking her books with her to her meals. The break came in her first year, continued in the second, and was complete in the third. Who is to blame, when the scene of this drama was enacted in the dormitory of one of the leading colleges of the West? Gentlemen, this is only one instance of the evil effects of too much work. No doubt, there are girls who do not suffer, but they are few. The mechanism is the disturbance of the balance of waste and repair; irritation, then suspension of function, collapse, ultimately death. I have observed that students of music afford typical cases of neurasthenia; i. e., there is more profound general nervous disturbance than in cases of overwork from mental effort alone. Again, the cases are much more rapid in onset and lasting in consequence. I have been much interested in this phase of nervousness and have observed quite a number of such cases. In one graduating class from a conservatory of music I had four cases, three of whom had to be stimulated to enable them to carry out their part on the program. I am convinced that music affects the nervous system in two ways: First, through the excito-motor nerves; second, through the inhibiting fibers. Joyful, light, exhilarating music resounds along the excito-motor fibers, while sad and lagubrious music, through the fibers, checks and inhibits contractions. Experiments made at the University of Michigan last year, showing the effect upon a hypnotized patient, confirms the inhibiting action noticed by me. Harmony plays an important part in this action, too, for it was noted that discord in rythm of music always tends to disturb the excito-motor fiber action and excite partial or complete inhibiting action. In fact, in one piece played before a patient the discord produced pain, accelerated pulse and profuse perspiration. This was a selection from Wagner, which was purposely played in disharmony. Now, these effects when continuous upon a susceptible nervous system disturb physiological action of the heart, lungs, digestion, and even internal functions, which may or may not become permanent elements in a life of ill health. It is through the sympathetic nerve that this disturbance takes place. Emmett, I believe, says that arrest of development of the ovaries and uterus can follow over-stimulation from music. Exhaustion is profound in some cases of nervousness in young women students of music. Tarchanoff, of St. Petersburg, says: "It is a serious therapeutic agent, and exercises a considerable influence over the functions of the body." This subject is now receiving attention from clinicians. It has long been noted by professors of music, who, alas! did not give its proper significance. I quote the observation of M. Chapin, one of the professors of Paris Conservatory of Music, who says he finds girls are gifted with both faculty and comprehension. He is often startled at the quickness with which they seize ideas, and the clearness with which they can hold conflicting points

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in their minds, and even solve fuge problems. But he misses the sustaining power. What they have is like electric germs of comprehension, apt to evaporate without cause at any moment. The mind fatigues quickly, especially those who have already passed through mental work. Not idleness, but a sort of collapse is apt to come after mental struggle, and they say, "I am sick (or nervous), I must go home." This is the result. Now, what is the mechanism? It is, I believe, as follows: First, over-fatigue from muscular effort; second, sensory fatigue from continuous stimulation of the organs of hearing, of vision, of touch; third, the emotional control is disturbed through effect on inhibiting centers; fourth, insomnia from irritability of gray matter, a hyperaemia, perhaps; fifth, peripheral nerve disturbance, perhaps a neuritis. The climax is reached when the hysterical state is engrafted upon this condition.

Other causes which are of vital importance are disturbances of the organs peculiar to her sex, arising from dysmenorrhoea, ovaritis, etc. Malformed ovaries are the cause of too much distress, also other diseases of the uterine appendages, cysts of the ovary, etc. I saw in consultation a case of dermoid cyst of the left ovary which produced a highly nervous state; fibroid tumors will do the same. Now, many of these mal-formed conditions have been due to an overworked nervous system, which is now reflecting upon this strain and shows results often times appalling.

In conclusion I would say that the discussion of the relationship of infectious diseases to the cause of nervousness should also be considered, likewise precocious development and undue sexual excitement. These are subjects which will be discussed later.

Frank D. Norbury

"COMING EVENTS."

"THE AUTOPSY OF A HEART."—This very important subject is discussed by Dr. M. Letulle, Professor (Agrégé) Paris Faculty (Lecturer on Pathological Anatomy) and physician to Paris Hospital, in a paper, which we will publish in our next issue. This translation has been made especially for the MEDICAL FORTNIGHTLY by our French correspondent, Dr. Thomas Linn. It is indeed pleasing to us to have the opportunity to present this very highly scientific paper. It is in line with the high standard of contributions which the FORTNIGHTLY is receiving from noted medical men.

BRAIN SURGERY.—We will have the pleasure of presenting a clinical lecture in an early issue by Dr. Waldo Briggs, Professor of Surgery in and Dean of the St. Louis College of Physicians and Surgeons. The subject is one of special interest, treating of brain surgery, in which department of clinical surgery Dr. Briggs has had some unique experiences.

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Reports on Progress.

COMPRISING THE REGULAR CONTRIBUTIONS OF THE FORTNIGHTLY DEPARTMENT STAFF.

OBSTETRICS

BY R. BRENT MURPHY, M. D.,

SAINT LOUIS

Chloroform in Labor.

Dr. Bedford Brown has quite a long article on "The Therapeutic Action of Chloroform in Parturition," in the Journal of the American Medical Association, August 31, 1895, from which we quote as follows:

We know that in surgical practice chloroform anesthesia is attended with a certain proportion of mortality that renders extreme caution necessary, while a death, or even unpleasant result, in labor is a very rare occurrence from that cause. The most careful investigation has failed to find more than forty deaths in chloroform in labor in the practice of the world, from the time that this anesthetic was brought into use to the present time. The primary action of chloroform is on the cortex of the brain, the seat of consciousness and sensation. For the relief of the pains of parturition all we have to do is to bring the cortex under a state of anesthesia without extending its influence so far as to involve the reflex functions of the cord. This is all that is desired to relieve pain and to render the act of labor more comfortable and easy for our patient. On the contrary, if we desire to relax excessive rigidity of the soft parts, or in case of convulsive action, to control that, we must extend our anesthetic influence further, and bring under its power the reflex functions of the cord itself. So long as we confine our anesthetic to the cortex alone, we cannot accomplish these objects, but immediately the cord is brought under its influence complete muscular relaxation follows.

Is the use of chloroform in parturition justifiable for the relief of pain alone? Not in all cases, but in every case where the labor is at all slow, painful and not easy I believe that it is not only justifiable, but that it would be inhuman to withhold it.

Does the action of chloroform facilitate the process of parturition? I believe that as a rule it does, and am convinced that in a great majority of cases it shortens the duration of labor. It has been my experience that while it relieves pain, its use may be so graduated as not to impair uterine contraction. I believe that with care and judgment we can confine the action of chloroform to the cortex alone, the seat of sensation, and leave intact the reflex functions and the contractive force of the uterus. Chloroform is capable of equalizing uterine contraction and of preventing irregular, spasmodic contraction, and in this way facilitating parturition.

At what stage of parturition is chloroform applicable? To relieve excessive pain it is applicable at any stage. But to induce relaxation of muscular rigidity it is applicable in unusual rigidity of the os uteri, and in extreme rigidity of the perineum when the fetal head begins to press on that body. When the object is to relieve pain only, it should be given in small quantities at the beginning of each pain and left off when the pain ceases. But when we desire to overcome muscular rigidity the patient must be subjected fully to its influence. In the case of extreme contraction of the os uteri, or great rigidity of the tissues of the pelvic floor, no half way procedure will accomplish anything. The patient must then be brought sufficiently under its influence to at least partially suspend reflex action, when complete relaxation follows, just as we would do in reducing a dislocation. Nineteen out of twenty cases of instrumental delivery, in my personal experience, have been due to excessive muscular rigidity of the perineum. In these particular cases the action of the chloroform has been to cause perineal relaxation, reduce muscular resistance, to

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bring about accommodation between force and resistance, without materially impairing that force on the part of the uterus.

Does chloroform tend to suspend uterine contraction? All practical obstetricians have observed in patients in labor when under chloroform entire relief from pain, while at the same time the rythmic contractions of the uterus and all the symptoms of active tenesmus were in full operation. I believe that this is the ideal state of chloroform anesthesia in labor, and am convinced that it may be so administered always as to relieve pain and leave the reflex functions unimpaired. In my experience it has been seen that when the uterine contractions have been for the time suspended by the too free use of chloroform, when this influence subsided uterine contractile force returned with renewed and additional vigor.

Does the action of chloroform tend to promote or prevent post-partum hemorrhage? From my personal experience, I can say this much relative to this question: Many times after its administration in parturition, when pushed to the extent of causing entire unconsciousness at the time of birth, in not a single case have I observed a greater tendency to hemorrhage or any greater difficulty in producing firm uterine contractions than when it was not used. High authority on the action of chloroform on the circulation is that it is a vasomotor contractor. In my surgical practice its action on the vessels rather tended to establish this view. Profound chloroform anesthesia certainly does diminish surgical hemorrhage.

Does the action of chloroform tend to prevent or promote laceration of the os uteri or perineum? I am decidedly of the opinion that thorough relaxation of the structures of the pelvic floor constitutes the best security against injuries of this kind, and I know of no agent that is as capable of producing that extreme relaxation of muscular tissue as chloroform, and threferore placing the patient in a condition most favorable for the prevention of laceration.

In conclusion, I can truly say that after a long and favorable experience in the use of chloroform in parturition, that I have found it not only a blessing to the patient, but to the physician also. Without the means of relieving human suffering, what a dreary, unsatisfactory and repulsive life that of the physician would be. Yet for ages and ages the lot of woman in the throes of labor was to suffer, to bear, and submit to its terrible tortures, hopeless of relief until the end came. For the past half century the achievements of medical science in the discovery and perfection of remedies to relieve human suffering, to improve human health, and prolong human life, have astounded the civilized world and are a source of pride to our profession. And one of the greatest of all of these achievements is the discovery of chloroform.

Aseptic and Antiseptic Precautions in Private Midwifery Practice.

A discussion upon this subject (Universal Medical Journal) was introduced by Dr. Herman, obstetric physician to the London Hospital, who submitted three questions for consideration:

1. What is puerperal fever? In his opinion, it is a fever caused by the inoculation of septic organisms, which are not the same as saphrophytes, but are descended from those usually associated with putrefactive changes. These micro-organisms require a special soil for their development, and the generative passages during and subsequent to delivery offer a suitable field for their growth. Complete sterilization, or the destruction of all micro-organisms, is what should be aimed at, but it is not practicable in midwifery practice.

2. How can puerperal fever be prevented? An effort must be made to keep septic germs from the patient. This is to be achieved by asepsis, or perfect cleanliness, and by antisepsis, or the employment of germicides, and the one considered most efficient by Dr. Herman is corrosive sublimate, it being the most portable and, upon the whole, the most trustworthy. The external antiseptic precautions consist of the purification of the attendants'

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hands by washing with soap and water, the use of the nail brush, and soaking in an antiseptic solution; the boiling of all instruments used; scrupulous cleanliness in the dress of nurse and medical attendant, and the use of clean absorbent material, such as antiseptic cotton, instead of napkins and sponges. The internal precautions are the restriction of vaginal examinations to the fewest possible, the washing of the genitals, the use of an antiseptic lubricant, and vaginal antiseptic douches during and after delivery and throughout the puerperiam. The use of the vaginal douche may do harm, and experience has shown that women whose labors are normal do as well without vaginal douches as with them; but in abnormal cases, as in lacerations, or in cases in which intra-uterine investigation is required, not only vaginal but intra-uterine douches are necessary.

3. What are the differences regarding the prevention of puerperal fever between hospital and private practice? In answering this Dr. Herman said that in private practice there is less danger, and that antiseptic vaginal douches before delivery and during the puerperiam may be dispensed with, except in cases in which the discharges are unhealthy, or in which extensive lacerations exist. As a general rule, the antiseptic douche immediately after labor was advocated and should be given by the medical attendant.

Manual Interference to Correct Certain Undesirable Presentations.

By J. F. BALDWIN, A. M., M. D.
Columbus Med. Journal, Dec. 10, 1895.

In 1873 the late John S. Parry, whose untimely death obstetricians still mourn, read a paper before the Obstetrical Society of Philadelphia on "The Use of the Hand to Correct Unfavorable Presentations and Positions of the Head During Labor." This was a most scholarly and instructive paper, but it seems to have made but very little impression upon obstetrical art. If we look through the standard works of the day we find little or no reference to this method of treating occipito-posterior and mento-posterior positions.

Complete anesthesia is necessary. In the language of Parry, "When the woman is entirely relaxed by the anesthetic, it is very surprising what can be done by forcibly pushing the head upwards. Not only does the child ascend, but if the lower portions of the uterus have been carried with the head into the cavity of the pelvis, it may be lifted with its contents above the pelvic brim, when the latter becomes movable and easily manipulated. Both in the pregnant and unimpregnated woman the degree of stretching and movement of which the generative organs are capable when the patient is completely anesthetized appears very remarkable to one who has never employed this important agent in such cases."

In Parry's paper he urged the employment of the hand to facilitate delivery in two conditions: First, to transform occipito-posterior into occipito-anterior positions. Second, to change presentation of the face with the chin behind into those of the vertex with the occiput in front. Obstetricians seem to be quite of one mind, that in occipitoposterior positions the attempt should be made to effect anterior rotation by pressure of the fingers upon the side of the head, and as it is but a step from the introduction of the fingers for this purpose to the introduction of the whole hand, I have no doubt that the use of the hand for the transformation of the occipito-posterior into occipito-anterior positions is very common, the operator limiting his manipulations to the head, or perhaps extending them so as to include the fetal trunk, and thus, as suggested by Grandin and Jarman, securing rotation of the fetus on its axis until the occiput is anterior. I think, however, that few obstetricians are aware of the fact that in at least very many cases of mento-posterior positions it is a very easy matter to convert this unfortunate presentation into the occipito-anterior, as recommended by Parry.

The author then cites a case in which he had performed this operation successfully. Mento-posterior positions, when recognized early, can us-

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ually be converted without difficulty into mento-anterior, and since 1883 I have had but one other occasion to resort to the above mentioned manipulation. In this case the child was of average size and the woman a multipara. The head was in the pelvis when I was called to the case, but under chloroform I easily elevated the head sufficiently to secure flexion, and delivery was promptly accomplished. Mento-anterior positions, while looked upon with dread by some of the older obstetrical writers, are now known to be practically devoid of danger to both mother and child, and present slight obstacles to a perhaps somewhat tedious delivery. If delivery be too long delayed, forceps may be easily used if deemed advisable. The chief objection to the presentation is the unhandsome appearance of the babe when thus born. The mento-anterior position, then, being a not undesirable presentation, if we can convert the occipito-posterior position into this, we have certainly accomplished much for the well-being of both the mother an child.

August 22, 1888, I first attempted this manipulation, and accomplished it easily, after having endeavored in vain to secure rotation. Since that time I have found it necessary to resort to this manipulation at least a half dozen times, with only one failure.

In making these manipulations it is absolutely essential that the patient should be thoroughly anesthetized; she should be lying on her back, the hips drawn well up to the edge of the bed, and the legs supported by assistants. Whichever hand the operator can best use should be introduced, the other hand being applied externally to assist the internal hand. If there is not room in the pelvis, the entire fetal mass should be lifted up above the brim by the hand placed against the presenting part. The fingers should then be worked along the side of the child's head until the occiput in the one case, or the chin in the other, can be caught and brought down; still being held in this position, the presenting part should be allowed with the next pain to sink into the pelvis, after which delivery should be accomplished in the usual way.

Summary.—First, when in mento-posterior position, the chin fails to rotate to the front, before resorting to mutilation of the fetus or to Sesarean section, an earnest, well-directed effort should be made to convert the face presentation into the occipito-anterior position of the vertex. Second, in occipito-posterior positions, in which rotation fails to be accomplished, similar efforts should be made to convert the occipito-posterior into a face presentation, mento-anterior. The required manipulations, if properly directed, and under profound chloroform anesthesia, will rarely fail to accomplish the desired result.

Bacteriologic Examination of the Vaginal and Uterine Mucus.

Stroganoff (quoted in British Medical Journal, Nov. 16, 1895) has conducted a series of bacteriological experiments in the Clinical Institute, Helena Pavlovna Hospital, St. Petersburg. Specimens of the mucus from the higher and lower part of the vagina and uterus were removed, with every precaution, in test tubes, and carefully examined. He finds that not only is the canal of the cervix sterile as a rule in pregnant and non-pregnant subjects, but its mucus is actually fatal to bacteria. The os externum marks the limit between the germ-inhabited and germ-free districts of the genital canal.

5833 Manchester Ave., St. Louis.

THE CHOLERA.

The cases of cholera in Egypt for the week ending Nov. 12th are stated officially to number 584, of which 443 were fatal. The epidemic is reported to be confined to the district south of Lake Menzaleh, mainly along the canal Bahr es Sughair, between the Lake and Mansurah. The infected district has been placed under four English doctors, with a staff of inspectors to examine every possible boat on the canal and on the Nile between Damietta and Benha, and as far as possible to report the movements of all travelers.

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Favorite Prescriptions

BY J. C. FALK, M. D., Ph. G.,

ST. LOUIS.

Chancroid.—The writer finds the following combination useful as a dry dressing before or after cauterizing with nitric acid:

℞ Hydrarg. Chloridi Mitis..... ʒi
Bismuth Subnitratis..... ʒi
Puivis Carbonis Liqui..... ʒss

Misce bene.
Sig. Apply freely and cover with absorbent cotton.

Wasp Sting.—In *L'Union Moic.*, Dr. Wood recommends this application locally of this ointment:

℞ Chloralis ..... ʒii
Zinci Oxidi..... gr. xl
Pulv. Myrrhæ..... gr. xxx
Pulv. Opii..... gr. xxx
Adipis ..... ʒi

Misce.

Psoriasis.—Dr. Schmitz (*Medico-Surg. Bulletin*) finds ichthyol in the following combination an efficient remedy:

℞ Ichthyoli..... ʒi
Scidi Salicylici..... ℈i
Zinci Oxidi..... ʒii
Amyli ..... ʒiv
Petrolati ..... ʒi

Misce bene.
Sig.—Apply locally twice daily.

Chorea.—Dr. W. F. McNutt in *Pacific Medical Journal* describes an aggravated case of chorea in a child, which after a thorough trial of other treatment, was very promptly relieved by the use of sodium salicylate. The patient—aged seven years—was given this prescription:

℞ Sodii Salicylatis..... ʒii
Syr. Gaultheriæ..... ʒi
Aquæ Gaultheriæ, q. s. ad..... ʒii

M. Sig.—Twenty drops every hour for six hours, and thirty drops every two hours thereafter.

J. C. Falk

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Fortnightlettes

Philadelphia has fifteen women dentists.

The Lehigh Valley Medical Association met at Allentown, Pa., Jan. 30.

Boxford, Mass., a town of 727 inhabitants, is without a physician, a lawyer, a police officer and a fire engine.

The discovery of Professor Roentgen promises to be of great service in medical photography.

The Medical Woman's Club of Chicago gave a banquet on Lincoln's birthday, Feb. 12, at the Great Northern Hotel.

The Kansas City Medical Index has a new cover, which, we think, materially, improves this useful and progressive journal.

The Michigan State Medical Society meets in Mount Clemens in June, under the presidency of Dr. Victor C. Vaughn, of Ann Arbor.

The Marshall County (Tenn.) Medical Society met Jan. 24 at Lewisburg, Tenn., under the presidency of Dr. F. Ferguson.

At a recent meeting of the New York State Medical Society a committee was appointed, the object of which is to effect a reconciliation with the American Medical Association.

At a meeting of St. Joseph County Medical Society held in South Bend, Ind., Jan. 28, the following officers were elected: Dr. H. T. Montgomery, president; Dr. H. F. Mitchell, secretary; Dr. J. B. Bertling, treasurer.

The Jefferson Medical College students, of Philadelphia, have a well-organized surgical society, named in honor of their distinguished professor of surgery, W. W. Keen. A complimentary dinner was recently given Professor Keen by this society.

The "Railway Surgeon" had the misfortune of losing all of its type, electrotypes, and some copy by fire recently. This enterprising journal, however, got out its regular issue in spite of such an interference. Like the Phoenix, they come forth from the fire ready to face the battle with renewed energy.

The staff of the Cincinnati Hospital have voted to increase the number of internes four and extend the limit of service to eighteen months instead of twelve.

Dr. J. N. Bloom has been elected to the chair of genito-urinary diseases in the medical department of the University of Louisville, vice Dr. E. R. Palmer, deceased.

The Medical and Surgical Society of Baltimore elected the following officerts for 1896: President, W. S. Gardner; vice-president, R. S. Davis; secretary, C. F. Blake.

The Lakeside Hospital, of Cleveland, will hereafter be conducted under the auspices of the Western Reserve Medical School, and the patients of this institution will be utilized for purposes of clinical teaching.

The Kansas City Academy of Medicine, one of the foremost medical organizations of the West, gave its third annual banquet Jan. 16, at the Midland Hotel. Dr. I. N. Love, of this city, was one of the visitors on this auspicious occasion.

The Colorado Climatologist has ceased to exist and is succeeded by the Colorado Medical Journal. Dr. E. R. Axtell is the editor. We hope that it will receive the welcome it so truly deserves, as it is certainly a representative Western journal.

The Russell County (Ala.) Medical Society recently elected the following officers: President, T. A. Johnston, of Jernigan; vice-president, Dr. W. B. Hendrick, of Hurtsboro; secretary and treasurer, Dr. G. F. Hendrick, of Crawford; health officer, Dr. W. B. Prather, of Seale.

The New York Post-Graduate Hospital, in its report for 1895, shows that 1,735 house patients were treated during the year, of whom 610 were in the babies' wards. The lying-in department received 386 applications. The district physicians made 926 visits, and 19,227 dispensary patients made 87,706 visits to the hospital. The disbursements were $50,412.92, and a large proportion of this sum was received from donations.

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A 50,000-franc prize has been awarded by L'Academie des Sciences (Prix Alberto Levy) to Drs. Roux and Behring for the discovery of an efficacous treatment of diphtheria.

Paris has 521 foreign medical men among the 2,922 in the city. It is supposed that New York has more than 600 native American medical men among its 3,000 practitioners.

One grain of permanganate of potassium decomposes one grain of morphine and should be used in weak solutions both by the mouth and hypodermically in the treatment of all forms of opium poisoning.

While driving near Milton, Ohio, Dr. C. O. Probst, secretary of the Ohio State Board of Health, was thrown from a buggy and painfully injured. Dr. Probst was in Milton investigating the recent outbreak of smallpox there.

The Chinese emperor has honored a Japanese surgeon. When the Chinese plenipotentiary, Li Hung Chang, had been assaulted at Simonoseki, his wounds were dressed by a surgeon who has just had conferred upon him the Order of the Double Dragon, third civil class.

Denver has now a sterilized milk company run on a large scale and furnishing a product that is perfect in every respect and one that is meeting with the approval of all the medical men as well as families and institutions of all kinds where a wholesome and pure milk is desired. The company is composed of one of the prominent doctors and two Denver druggists and a leading professor of chemistry in one of the leading Denver schools.

"It's strange," said a dentist, "why so many men who are scrupulous in all their business transactions fail to keep their engagements when they have teeth to be filled. Two to one they will come around the next day and make some excuse. They had to go out of town, or they had a sudden call to court, or there was a directors' meeting they had forgotten all about, or their wife was sick—it's always something of that kind. I tell you it takes an honest man to keep an engagement with his dentist."

Dr. W. B. Outten established the hospital system on the M., K. & T., T. P., I. & G. N., Wabash, east, and the St. Louis, Iron Mountain & Southern railways.

Dr. Welch, the bacteriologist for Johns Hopkins Hospital, has demonstrated that germs will not grow in the immediate vicinity of silver. His discovery is made use of in the dressing of aseptic surgical wounds, by placing silver foil immediately in contact with the closed incision in sheets about four inches square. The other aseptic dressings are then applied.

Austin, Tex., with a population of 28,000, had in 1895 probably the lowest death rate of any city in the country. During the year there was one case of smallpox, four cases of diphtheria, and four cases of scarlet fever. There were 216 burial permits granted, 17 of which were issued for burial of those from outside the city limits. This number includes accidents, still borns and suicides, and it shows a death rate of only 7 1-7 per 1,000 population.

It is with pleasure we note the appointment of our Philadelphia correspondent, Dr. M. V. Ball, to a position on the faculty of the Philadelphia Polyclinic. Dr. Ball takes the chair of Bacteriology. That he is eminently fitted to fill this position is well known, inasmuch as his handbook, "The Essentials of Bacteriology," has today the largest sale of any of the small works on this subject. Dr. Ball will also deliver a course of lectures on bacteriology before the Philadelphia Academy of Natural Sciences.

The German government has issued a regulation fixing the amount of fees for medical men. A practitioner in that happy land can claim 20 marks for an ordinary visit, and if it be necessary for him to make a profound investigation into the state of any organ he may increase his demand to 22 or 23 marks. In the event of a prolonged visit his time is valued at 3 marks for every half-hour commenced. Night visits may be charged for at double, or even triple, the foregoing rates; and a visit of urgency costs twice as much as an ordinary visit.

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Personalities

DR. F. F. McGUIRE,
formerly of Fayetteville, Tenn., has removed to Chattanooga, Tenn.

DR. HOBART A. HARE
was recently elected president of the Medical Club of Philadelphia.

DR. AARON HAIN,
formerly of Birdsboro, Pa., has located in Reading, Pa.

DR. JAMES STEPHENSON,
one of the oldest physicians of Pittsburg, Pa., is dead.

DR. JOHN J. INLOW,
of Rushville, Ind., died recently at the age of seventy years.

DR. E. H. TINEN,
of Chicago, formerly of Peoria, died Jan. 28, of typhoid fever.

DR. W. D. BIDWELL,
of Leavenworth, Kan., nephew of Justice J. D. Brewer, died in Denver, Colo., Jan. 20.

DR. HOWARD A. KELLY,
of Johns Hopkins University, is said to have a practice worth about $150,000 a year.

DR. JOHN H. THOMPSON,
the eminent ophthalmologist of Kansas City, has the honor of presiding over the meetings for 1896 of the Academy of Medicine of that progressive city.

DR. S. F. DYER,
of Ottawa, Ill., died Jan. 24, at the age of sixty-three years. He was a prominent member of the Northern Illinois Medical Society and president of the Ottawa Medical Society.

DR. BILLINGS.

The Consolidated Library of New York, consisting of the Astor, Tilden and Lenox libraries, has secured the services as librarian of Dr. John S. Billings, director of the department of hygiene of the University of Pennsylvania. He is considered the best bibliographer in the United States, and as the consolidated library will be the largest in this country, having about 374,000 volumes and property and endowments amounting to about $8,000,000, it is fitting that he should be appointed.

DR. A. S. BENEDICT,
of Buffalo, N. Y., received the award of $100 in gold from the New York State Medical Society for the best essay; the subject was "Neurosis of the Stomach."

DR. HENRY C. COE,
of the Medical Sentinel, Portland, Ore., spent a portion of the winter in the East, doing the hospitals and advertisers.

DR. JOSEPH McFARLAND,
of Philadelphia, addressed the Associated Health Authorities of the State of Pennsylvania, Jan. 24, at Harrisburg, on "The Value of Antitoxin as a Measure in Preventive Medicine."

DR. J. A. THORNTON,
of Atlanta, Ga., recently met with a very painful accident while hunting. His foot was badly lacerated by the contents of one barrel of his gun entering it, it having been accidentally discharged.

JUDGE VAN EPPS,
of Atlanta, Ga., has been elected president of the board of trustees of the Southern Medical College, made vacant by the death of Dr. Thomas S. Powell, the founder of the college. The other officers of the board are J. McF. Gaston, vice-president; W. W. McAfee, treasurer; Dr. William P. Nicholson, president of the faculty.

DR. IRA VAN GIESON,
of New York, has been appointed director of the Pathological Institute of the State Hospitals for the Insane in New York. What is especially interesting in this appointment is the fact that he was selected after a competitive civil service examination—something new in such departments. The state of New York is fitting up a pathological laboratory, to be maintained for the benefit of the state hospitals, which will be second to none in this country. Official bulletins will be issued from time to time, showing the nature and progress of the work done. Cannot Missouri awaken to the necessity of using the vast clinical material contained in its hospitals for the good of the science of medicine, and especially psychiatry?

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Medical Melange

THE EMPRESS FREDERICK
of Germany gives most of her time to the hospital for sick children in memory of her good husband.

QUEEN OLGA
of Greece manages in person the great Evangelisinos Hospital in Athens. She spends from two to four hours a day in this most pleasant and charitable duty.

GASOLINE AS AN INTOXICANT.
A dispatch of the 22d ult. gave an account of several boys in Philadelphia getting gloriously drunk by inhaling gasoline from street lamps. This seems to be a common practice in that city.

AIROL
Is a drug which is said to be an improvement upon dermatol, bismuth, iodoform, etc. It is a compound of bismuth, gallic acid, and iodine; a green powder, tasteless, odorless, and insoluble.

INSUFFICIENT HOSPITAL ACCOMMODATION IN PARIS.
It is reported that the strain on hispital accommodations in Paris is so great that of 69,899 applications for admission made at the Bureau Central in 1893, there were 38,689 refusals due to want of beds.

AN INDUSTRIOUS SCIENTIST AND PHYSICIAN.
Dr. Haffkine recently delivered an address in London on his work in vaccinating against cholera in India. His work lasted twenty-nine months; 70,000 injections were made, on 42,179 individuals, without a single mishap.

THE EMPEROR FREDERICK
of Germany was once passing through the wards of the Hospital for Crippled Children at Dusseldorf, when one of the little patients was attracted by his regalia. The emperor noticed the child's interest, and took him up in his arms, that he might see and handle the decorations or insignia of office on his breast. A sculptor has reproduced this scene, the statue being, it is said, the most perfect and satisfactory ever made of the emperor.

PHYSICIANS
Desiring to purchase a high grade bicycle at a discount, will learn something to their interest by addressing "Bike," care Medical Fortnightly.

DR. J. EDWARD MICHAEL,
A well known surgeon and gynecologist of Baltimore, Dean of the University of Maryland. President of the Medico-Chirurgical Faculty of Maryland, died December 6, of nephritis, at the age of forty-seven years.

PASTEUR'S WILL.
Pasteur's will was a very simple document. It read as follows: "This is my testament: I leave to my wife all that the law allows me. May my children never forsake the path of duty and always cherish for their mother the tenderness she so richly merits. L. Pasteur."

JAPAN AND HER ENTERPRISE.
The secular press of today is filled with prophecies that Japan will soon lead us as a manufacturing nation. The strides of that progressive "young" empire are truly wonderful. Not only in the manufacturing world is this felt. Europe and America are constantly astonished at her scientific advances; laurels which should have been ours we too frequently find going across the Pacific. In medicine and surgery Japan is making herself felt. Japanese claim the honor of discovering various of the antitoxin serums. In surgery Japanese are doing all of the most difficult operations, and are instituting new and valuable methods. Recognizing this, we expect great things from Japan. Her latest is a bona-fide cure for cancer in all its forms. Dr. Yoshimatsu, of Tokio, has been for some time experimenting with this dread disease at the Oiso Hospital, and the announcement is made that he is able to effect a cure by injections of carbolic acid of a concentrated strength directly into the growth. As no authoritative statement has yet been made as to the doctor's methods, it is too early to approve or condemn. We have seen too many of Japan's successes to think lightly of this latest claim.

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BATTERY FOR SALE.

Doctor, if you are in need of a first class battery, advise F. M. D., care Fortnightly Press Co.

FRECKLES.

Professor Hebra, of Vienna, insists that the sun does not produce freckles. They never appear, he says, in the newly born or in children under the age of six or eight years, whether exposed to the influence of the sun or not.

CENTENARIANS IN FRANCE.

A census of centenarians recently taken in France gives 213 persons of one hundred years or over, 147 of them women and 66 men. The oldest was a woman who had just died at 150, in a village of the department of Haute Garonne. Nearly all the centenarians belonged to the lowest ranks of life.

THE ENGLISH TAKE PILLS.

Somebody has calculated from the United Kingdom stamp duties paid that at least 4,000,000 pills are taken by the inhabitants of that country every week. France is only good for 2,000,000, and Russia for 1,000,000. But Australians beat the world in that respect. They are also at the head of the list in tea consumption.

MUNICIPAL COLD STORAGE.

The municipality of Genoa, Italy, is said to have constructed a cold storage plant at an expense of 60,000 lire, which nets 10,000 lire to the city every year. It is principally for meat, which is received from America direct, according to Professor Perroucito's report on the subject to the Society of Hygiene at Turin.

REQUIREMENTS FOR ADMISSION AT HARVARD.

At a meeting of the medical faculty of Harvard University on Jan. 4, 1896, a rule was adopted requiring all candidates for admission to this department subsequent to June, 1901, to bring a degree in arts, literature, philosophy, science, or medicine from a recognized college or scientific school. However, the faculty will make exceptions to this rule when individual cases appear to merit such consideration.

VIVISECTION IN SWITZERLAND.

The inhabitants of Zurich recently rejected, by a vote of 39,476 against 17,297, a proposal for the absolute prohibition of vivisection. On the other hand, a proposal in favor of the protection of animals, with due consideration for the demands of science, was adopted by a vote of 35,191 against 19,551.

NITRATES IN INFECTIVE DISEASES.

Dr. Pretone, an Italian physician, finds that rabbits live twice as long after having been inoculated with rabies, if they receive hypodermic injections of nitrite of sodium. He has used the same substance in syphilis and other infectious diseases, and thinks that it has a power against infections.

BLACK EYE.

According to the railway surgeon, there is nothing to compare with the tincture of strong infusion of capsicum annum mixed with an equal bulk of mucilage or gum arabic, and with the adition of a few drops of glycerine. This should be painted all over the bruised surface with a camel's hair pencil and allowed to dry on, a second or third coating being applied as soon as the first is dry. If done as soon as the injury is inflicted, this treatment will invariably prevent blackening of the bruised tissue. The same remedy has no equal in rheumatic stiff neck.

CAUSE OF VARICOCELE.

There are three principal causes: First—Anything that impairs the general vigor of the part, as: 1, Lack of proper support from relaxed scrotum; 2, masturbation; 3, abuse of venery, ungratified desires, etc.; 4, chronic orchitis or repeated attacks of acute orchitis. Second—Anything that produces pressure, as: 1, abdominal tumors; 2, enlarged inguinal glands; 3, hernia; 4, trusses, or belts worn around the waist; 5, accumulation of fat in the omentum and mesentery. Third—Anything that produces prolonged muscular effort, as: 1, prolonged riding on horseback; 2, prolonged rowing; 3, prolonged exercise in running or waltzing; 4, excessive and violent muscular effort; whooping cough, sometimes.—Rand.

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HOSPITAL SUNDAY RECEIPTS IN LONDON.

For the first time in ten years the response to the appeals in behalf of the hospitals in London has been successful beyond expectations, the sum realized for the hospitals through the Sunday fund being £70,000 ($350,000). In previous years it has ranged at about £40,000 ($200,000).

CREMATION.

The Tribune Almanac gives the following statistics in regard to cremation. There are now twenty-six associations in active operation in the United States. The oldest was organized at Washington, Pa., in 1876, and the two newest were found at New Haven, Conn., and Elizabeth, N. J., in 1894. The number of incinerations is reported as 3,670. The number incinerated in Europe from 1876 to 1893 was 19,700. The membership of the American associations is about 8,000 and the adherents of the method about 100,000.

NEW HOSPITAL LAW IN CONNECTICUT.

The general assembly of Connecticut has enacted a law prohibiting any person from keeping a maternity hospital without a license therefor issued by the mayor, or board of health, or health officer of the place where it is desired to establish such hospital. The law further specifies that a record of the inmates, births, deaths, discharges, etc., must be accurately kept and its inspection rendered accessible to the authorities.

BATH TREATMENT FOR TYPHOID FEVER.

Dr. Tyson gives the following rules for the treatment of typhoid fever by the cold-bath method: As soon as the temperature reaches 102 1-5, even if the diagnosis is not sure, put the patient in a bath at 70 degrees. Keep him there for fifteen minutes, with rubbing and massage, except on the abdomen. Whisky may be given, but not unless indicated. The patient is removed. If temperature rises to 102 1-5, the patient is again bathed. This is kept up until the temperature is permanently lowered. No medicine is necessary, and under the above treatment the dry tongue, diarrhoea and delirium disappear. The bath treatment does not cure every case, those whom it fails to cure dying from perforation and hemorrhage. Professor Tyson's mortality for the bath treatment has been about 7 per cent.

If the patient cannot be bathed the treatment is as follows: Rest in bed, milk diet, with beef tea and broths. If there is constipation do not give a purgative in late typhoid. If it is necessary to open the bowels, give an enema, thus doing away with the danger of rupture of an ulcer. For diarrhoea use silver nitrate and opium.

POST-MORTEM FEES.

The following bill recently passed the South Carolina general assembly; "That physicians in this state shall be paid the following fees for post-mortem examinations and testifying at coroners' inquests: For a post-mortem examination and testifying when no dissection is required, $5; when dissection is necessary and the body not interred, if requested by the coroner's jury, $10; after interment, $20; when chemical analysis is required, a sum not exceeding $40 and expenses for such analysis; and when chemical analysis has been made the physician or chemist who makes it must furnish to the county board of commissioners, with his account, a full statement of the analysis. The clerk of the county board of commissioners shall verify and file with the clerk of court of general sessions a copy of such statement of analysis and account."

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William R. Warner & Co.'s original Lithia Water Tablets (three and five grains) admit of an accurate dosage of lithia not to be obtained in any natural lithia water.

These tablets are securely packed so as to maintain their permanency, in consequence of which, when a Lithia Water Tablet is placed in a glass of water, it quickly dissolves, effervescing in so lively a manner as to excite the interest of the patient to such a degree that the unpleasant thought that he is about to take a medicine does not arise. Now that lithia has become a valuable remedy for rheumatism, lithemia, gout, gravel, Bright's disease, etc., these tablets are without doubt the most convenient method to administer it, as enough Lithia Water Tablets may be carried in the pocket to make two and one-half gallons of lithia water of definite strength.

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THE MEDICAL FORTNIGHTLY is devoted to the Progress of the Practice and Science of Medicine and Surgery. Its aim is to present topics of interest and importance to the General Practitioner, and to this end, in addition to a well selected corps of Department Editors, it has secured correspondents in the leading Medical centers of Europe and America. News of Societies, and of interesting medical topics cordially invited.

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Editorial Department.

THE NEW RAY.

THE daily press has informed us of the great discovery by Prof. Roetgen, of Wurzburg, of a new manifestation of energy, emanating from the negative electrode of an induced current, when the electrode is placed within Crooke's vacuum. He calls it the X ray, (or unsolved ray), for as yet he does not know what it is. It is not light, for its energy is invisible; it operates on or affects the sensitive plate of a camera when the lid is closed. It penetrates flesh readily, but bone, metal and glass are impervious. It is certainly a wonderful discovery, and besides being practical, it is cheap; the writer saw recently an outfit imported which cost less than $75.00.

Now as to its uses: it promises to be of great assistance in surgery, especially, in diagnosis of fractures, dislocations, deformities, bullets in gunshot wounds, and also in obstetrics, in diagnosis of position of fœtus, deformities of the pelvis, etc. It is being used already in this department. It is used by having the camera (an ordinary one with a metallic shutter), placed adjacent to the Crooke's tube, in a horizontal position; the exposure is made in the ordinary way, excepting that a longer time is required. The plates are developed as usual and printing is the same. We rejoice in the advancement of science, and especially in such features as will add new ideas and practices to the progressive profession of medicine. F. P. N.

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THERE is a marked general advance being made all along the line of requirements for entrance into the medical colleges of the United States. This movement, inaugurated by the Illinois State Board of Health in 1877, has now extended to almost every State in the Union. Within the past year it has been especially noticeable in States heretofore rather lax in their consideration of this very important subject. Some of the States have gone so far as to relieve medical colleges of the power to say that graduates in medicine are entitled to practice, and have themselves created boards of examiners to determine fitness. These acts of the various State Boards of Health have directly effected the medical colleges, compelling them to insist upon a higher standard of requirements for admission, and also to lengthen the terms, and years of study, in order that the graduates may comply with the law. Some of the colleges recognized this need before the State Boards of Health took notice of it, and as a consequence insisted upon a better preliminary training, as well as improved methods of instruction as the solution of the problem of the improvement of the medical profession. This wholesome improvement is showing itself in "the product turned out" by the colleges, but yet, there is great chance for improvement.

The College-Bred Man in Medicine.

In preliminary training, I believe we have the very essential element of this long needed reform, and it is here that the colleges, academies and high schools will play their important part. The college-bred man is the man who should enter the medical profession; he it is, already trained to study, to observe and absorb, is the one who can and will become the foremost man in medicine.

Medicine has advanced so rapidly in the past quarter of a century, and especially so during the past decade, that the man who can show medical knowledge, his ability to retain it and skill in its practice, is the one who succeeds. There was a time when a smattering of the "seven branches," a wise look, a flowing beard, a gold-headed cane and a peculiar dress, made the doctor; now it is that the man who knows, and knows how to use what he knows, makes the doctor. He must show knowledge or acknowledge the problem is beyond him. He cannot even limit himself to one department of medicine—become a specialist, so to speak—and retain his position as a well trained medical man. While this is the day of specialism, it is also true that specialism is waning, and rapidly, too. The well-grounded, "all around" man is in demand.

As a result, medicine is seeking a higher plane, and today stands preeminently foremost among the professions. He who would enter it with a view of success (by success I do not mean financial return, although this will inevitably follow) must do so, with a view of working, "keeping everlastingly at it," in order to be abreast of the strides now being yearly made in this profession. It is the college-bred man who can do such work; it will be the college-bred man who will do it, and it will be the college-bred man who will be honored for doing it. This reform is not going to come about all at once—lasting reforms never occur that way—a general demand must first be created—it is being done—and the colleges are doing their

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share of it. By 1900 most, if not all, of the foremost medical colleges, will require a degree in arts, science and literature, or its equivalent, to permit a man to matriculate as a medical student.

Harvard medical school has recently made such a proclamation, and what Harvard has done, the rest of the colleges will do. To the college-bred man, then, will be reserved the privilege of entering the profession of medicine. It is a blessed privilege, for the profession occupies a position second to none. It gives its members who work and profit by the evolution of character which comes from such work and contact with humanity, a reward, first, in doing good; second, in the real enjoyment which such a calling brings in the scientific aspect, and in the broadening of our knowledge of humanity. Let the college student then be diligent and prepare to be ready to take up the medical training in the medical college, which today is undergoing such a great evolution in its methods of instruction, that it will require the prepared mind to successfully complete its curriculum.

F. P. N.

Cycling for Women.

A RECENT contributor to a St. Louis medical journal has made the discovery (?) that "riding a wheel is tantamount to feminine masturbation," and goes on to glibly detail the symptoms of this erratic excitement, with a minuteness, which to say the least, suggests the most wonderful powers of observation. The writer indeed states, that he "speaks from knowledge." While it is not desirable that anything tending to enlightenment of medical science should be withheld from the profession, it is a question of grave doubt, whether a person allowed to subscribe himself a doctor of medicine should promulgate theories, verging on the obscene, without sufficient evidence, or at least reasonable probability of accuracy to warrant it. If the writer's dogmatic statements were conclusive and based on fact, excuse for their publication might exist; but the spreading of such intemperate matter, suggestive of lascivious curiosity, can not reflect credit on medical journalism.

The courage necessary for a "real" woman to ride a wheel, knowing the remarks such articles will suggest to the purient bystander, amounts almost to effrontery, and the modest woman will shrink from the exercise, possibly to her loss.

Unfortunately we do not have to go outside the ranks of the medical profession to find men who forget that the terms doctor, scientist and gentleman, should be synonomous, but all such should be compelled to go outside the pale of medical journalism for an opportunity to publish themselves to the world.

H. W.

PROF. C. O. CURTMAN delivered a lecture, with demonstration on Electric Light, with especial reference to the Roentgen Rays, before the Missouri Medical College Alumni Association, at the college on February 27th. A large and appreciative audience, such as always greets the learned professor, was in attendance.

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The Rupture Specialist.

TO judge from the advertising columns of the St. Louis evening papers, rupture must be as easily cured as corns, and without any more inconvenience than having your measure taken for a suit of clothes. It must be a source of satisfaction to these wonderful healers of torn fascia, to put man, noble man, together with such neatness and dispatch. It is like having your umbrella repaired "while you wait." And then to think, that these great wielders of the magic glue, which sticks closer than a North Carolina wood-tick, have concealed their genius and power from the too charitable medical profession; that they only let it shine in the presence of an unsuspecting "Reuben," from Willow Creek, at $50 to $300 for the shine, payable at once, or in bankable paper, on the installment plan. Ah! such genius as that was not born to blush unseen, and is not going to waste its sweetness on the desert air. No, on the contrary, it blushes at nothing—it wastes no sweetness, even takes mortgages on the family cow and cemetery lots, and suggests to the victim whom they have beguiled into their net, if without real or personal estate, that he borrow from his mother-in-law enough money to pay for having his gut put back in its old channel. A genius is the rupture specialist. One of them who has recently displayed his qualifications to the unsuspecting public of St. Louis—a man which the dear sister city of Cincinnati was loth to give up (so the evening paper says, but we have not heard from Culbertson on this question) is well known to the writer—he knew him when he was a medical student—and alas! he bears a diploma from the same honored institution as the writer—both have the same alma mater. How distinguished has he become, and oh! how great will be his reward, when the good recording angel foots up his column of "good deeds"—if what the evening paper says, is true. Good is the rupture specialist. Now, as the writer looks back to those student days, when in the "quiz," the other fellow, *always* helped our distinguished specialist out of the "sweat *box*"—it recalls to mind the fact that genius ofttimes slumbers and but to shine like a dark lantern in a back alley. This is such a case where genius has awakened (since graduation, however)—it has budded and is now flowering like a sumac—and the ducats fall into his exchequer. Great is the rupture specialist. What are we going to do about it; that is the question? Is such quackery to always be allowed to sap the substance from the hard working laboring man, the unsuspecting countryman, and the unsophisticated urbanite? No! It is time such individuals be shown up in their "true light"—that the colored lights be turned off, and the penetrating rays of public opinion be turned on. Then, and then only will the daily press, which is as much in the mud as the quack is in the mire (for it is an accomplice in defrauding the people) be compelled to right this great wrong being done by rupture specialists and kindred fakirs. Our standard daily press boasts of its purity, and yet, in its advertising columns, I can point out more rank, stagnant pools of filth, calculated to do more harm at the fireside than small-pox could ever do. They receive so much a column for it, and "the blood money" goes to declare dividends on preferred stock. A word to the daily press—why not imitate the FORTNIGHTLY—take none but legitimate stand-

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ard advertisements, and your conscience will be clear. The rupture specialist will then have to put his "before and after" on the "fence boards," where they belong. Away with the public press support of quackery; free the people from the pestilence. F. P. N.

AND now comes Dr. Kraft, of Strassburg, with the statement, that the discoverer of the rays, known as Roentgen's, was really Karl von Reichenbach, and that his experiments and writings on this subject covered a period from 1849 to 1866. This experimenter sharply distinguished between this force, which he named "Od," and electricity and light, declaring that while it accompanied both, it was distinct from either and more difficult to recognize. Reichenbach demonstrated by repeated trials that this force had the power to penetrate brass, copper and zinc plates, as well as wood, and records one experiment in which the "hand of a lady was used. The backs of the fingers were placed sufficiently near the conductor to enable the nails to absorb electricity, after which the veins, nerves and sinews could be distinguished."

Nothing New Under the Sun.

Whether or not Roentgen is the discoverer, or the resurrectionist of this process, matters little to the world at large, but the practical application of these rays is of vital interest to humanity. Already the lay press has published descriptions of most improbable results in diagnosis, and incited hope in the minds of those hopelessly afflicted, which can only end in despair. The fact that the rays can only imprint shadow pictures differing throughout only in density of shade, makes it impossible at least, with the present degree of perfection, to discover pathological changes, except those more dense than the intervening structures through which these rays must pass.

The right to say what is impossible, can no longer be assumed, in view of the recent achievements of science, but photography of the living brain in shadow, encased as it is by bony plates, seems most improbable; while in chest photography the intervention of ribs before and behind, are at present insurmountable barriers. It seems improbable that the work of the scientific Reichenbach, who pursued the study of his discovery for fifteen years, and wrote two volumes upon it, should have been so completely lost sight of as to reappear in thirty years as a new discovery, had it possessed the merit of practical utility in addition to its attractiveness from a scientific standpoint. Yet it is to be hoped that after many reported triumphs and unreported failures, it may prove useful in clearing up many mysteries of diagnosis. H. W.

DR. REYNOLD W. WILCOX. of New York, one of the foremost teachers in clinical medicine in that great medical centre, has sent us a most excellent and scientific contribution under title of "The Neurasthenia of the Climacteric," which will appear soon. Again, we say we are proud of the honor to have such a notable contributor; it shows that the FORTNIGHTLY stands for higher and more select material in its columns, which is appreciated by the leaders of the profession.

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EXPERT testimony in Illinois has received unjust treatment from the Appellate Court in a recent decision rendered by that august body. It was in the case of Dr. J. N. Dixon vs. the People. Dr. Dixon is a resident of Springfield, Ill., and some time ago was called as a witness in a case. He refused to give certain testimony pertaining to surgery required of him without first being compensated for it, saying it was expert testimony, and hence should be paid for. The judge presiding in this trial fined him for contempt, and the case was then carried to the Appellate Court, and that body has affirmed the lower court's act. Dr. Dixon is made of "fighting stuff," and in a just cause, backed by the entire medical profession, he proposes to carry the war into the Supreme Court. We believe firmly in Dr. Dixon's position; it is just, and no court should feel free to call upon experts in any profession, vocation or employment and demand of them their knowledge obtained after years of study and practice, without first compensating them for this knowledge. It is a bad precedent to establish and puts the medical man at the mercy of the courts and legal profession, to do with him what they wish.

Expert Testimony

Came High.

Considerable inquiry was made during the progress of the Duestrow trial as to the fees received by experts for the defence. Below we give the bills of Drs. Bauduy and Bremer:

Dr. Bauduy's bill:

5 days in January, 1895	$1,250 00
14 days in May, 1895	2,450 00
10½ days in August, 1895	1,800 00
3 days in January, 1896	750 00
	$6,250 00

Dr. Bremer's bill, is:

3 days in January, 1895	$ 750 00
14 days in May, 1895	2,450 00
10½ days in August, 1895	1,800 00
3 days in January, 1896	750 00
	$5,750 00

Contrasted with the small pay of the State experts, it shows that expert testimony comes high when millionaires are the victims of criminal proceedings. The State experts, for the whole course of the trial, have received less than what Dr. Bremer or Bauduy received for one day.

REGINALD HARRISON, F. R. C. S.--In this issue we publish a clinical lecture, by the distinguished surgeon, Reginald Harrison, F. R. C. S., of London, on an important and timely subject, viz: "The Division of the Vas Deferens in Cases of Obstructive Prostatic Hypertrophy." Mr. Harrison introduces a modification or substitution for the White operation, and we know that the readers of the FORTNIGHTLY will feel that they are especially hon-ored to have this masterly contribution appear in its columns.

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THE MEDICAL COLLEGE OF INDIANA has become the Medical Department of the newly organized University of Indianapolis.

DR. W. T. BLOW has been elected to the chair of Bacteriology in the Womans' Medical College. This is a good appointment.

DR. JAY C. MCLEAREN, one of the progressive surgeons of Northern Michigan, is making a tour of the South and West. Dr. McLearen has earned a well merited reputation in Saginaw, and we rejoice in his success.

LIBERAL OFFER.—In the advertisement in this issue of Theodore Metcalf Co., of Boston, there will be found an offer that is exceedingly liberal, and one our readers should avail themselves of. It is not often that $15 is exchanged for $5.

MEDICAL SOCIETY OF THE MISSOURI VALLEY.—The Spring meeting of this association will be held in Atlantic, Iowa, under the presidency of Dr. Frederic S. Thomas, March 19. An excellent program of 27 papers has been prepared, a copy of which may be obtained of the secretary, Dr. Donald Macrae, Jr., Council Bluffs, Iowa.

MISSOURI COUNTY AND DISTRICT SOCIETIES.—In order to better organize the work of the Missouri State Medical Association, its officers are desirous of having the names, the places, and the times of meeting, the names of the officers, and other important data of every regular Society in the State, (State, County and District). Officers of the same will greatly oblige by sending information under this head to Dr. Frank R. Fry, 3133 Pine street, St. Louis, Mo., Secretary Missouri State Medical Association.

THE AMERICAN MEDICAL PUBLISHERS' ASSOCIATION will hold its third annual meeting in Atlanta, Ga., Monday, May 4th, and considering the many recent applications for membership, a large attendance is assured. A number of new and important topics have been suggested for discussion, and the program will include papers from experienced publishers. Members and others desiring to contribute papers will be furnished valuable information upon communicating with the Secretary, CHARLES WOOD FASSETT, St. Joseph, Mo.

OF INTEREST TO MEDICAL WRITERS.—The especial attention of our readers is called to the advertisement of the Palisade Manufacturing Co. which appears on our first cover page of this issue. The prize contest which this well known firm announces will no doubt attract a great deal of attention, and result in the submission of many articles of merit on "The Clinical Value of Antiseptics, both Internal and External." The prizes are extremely liberal, and the well known professional and literary eminence of Dr. Frank P. Foster, the talented editor of the *New York Medical Journal*, who has kindly consented to act as judge, is a sufficient guarantee of the impartiality to be observed in awarding of the prizes. We are assured that there is absolutely "no string" attached to the provisions of this contest, and any physician in good standing in the community is invited to compete on equal terms with any other competitor. Further particulars as to conditions, etc., can be obtained by addressing the above named firm.

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Original Department.

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☞ Signature of contributor, for reproduction, should be sent with every article, on a separate slip; use heavy ink, and allow autograph to dry without applying blotter.

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Clinical Lecture

REPORTED EXPRESSLY FOR THE MEDICAL FORTNIGHTLY.

On Division of the Vas Deferens in Cases of Obstructive Prostatic Hypertrophy.

BY REGINALD HARRISON, F. R. C. S.

Surgeon to St. Peter's Hospital, London.

I SHALL confine my remarks to division of the vas as a remedy for enlarged prostate, instances of which you have recently seen. Doubtless you are aware that in 1893, Dr. W. White of Philadelphia, suggested that castration might be tried as a remedy for troubles connected with certain forms of prostatic hypertrophy, with the result that this practice has now been adopted in numerous instances with some amount of success.

It is interesting to notice now that attention has been called to the possibility of its practical application, how often the fact has been stated in surgical literature, that interference with portions of the genito-urinary tract is followed by atrophy of the prostate. Only the other day in reading an excellent treatise on this organ, by Dr. Decimus Hodgson (published by Churchill in 1856) it is observed, "in persons who have been castrated, the prostate dwindles down almost to a rudimentary condition."

At an early period in this investigation, it seemed to me that without going to such extremes as to remove both, or even one testis, good results might be obtained, at far less risk, by the simple expedient of division of the vasa. Apart from a casual case of this kind which came under my notice some years ago, and has since been published,* where I practiced this operation, there is collateral testimony in favor of this view.

If we turn to records of injuries to the vas deferens we shall find that Birkett Hilton, and others have shown† that atrophy of the testis is a sequence in the human male of rupture or section of this duct. If this is so why should we not take advantage of it and in this way induce prostatic atrophy without resorting to castration?

It is probable that in a certain number of prostatic cases the amount of shrinkage of the gland necessary to make all the difference between a life of misery, and one of comfort, is comparatively slight. This is a conclusion which may be fairly drawn from the observation that though prostastic enlargement is common, only a small number of males thus affected, can be said to suffer from it. I am disposed to think, from what I have already

* British Medical Journal, September 23rd, 1893.
Holmes System of Surgery, First Edition, Volume II.

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seen, that division of one vas, or both, is capable of providing in many instances the relief that is thus desired.

Then there is the further consideration, that if the minor proceeding fails, castration may still be resorted to without prejudice. There is no doubt that in elderly men the latter operation often proves a serious matter.

I will now proceed to mention certain effects noted as following division of one or both vasa in the human species. In the first place some change in the size or consistency of the testis, in the way of shrinking or softening, has generally been evident in the course of a few days. Following upon this, analogous alterations have been discovered, by rectal examination, as taking place in the prostate, corresponding, of course, as to whether one vas, or both, were divided. In others the latter changes have been inferred more by the easier introduction of the catheter which followed, or as some patients remarked, by the lesser distance the instrument had to traverse the urethra before urine flowed, than by recognizable structural alterations. I have also noted that the interval between urinations become rapidly more prolonged; in some instances periods of two and three hours have been doubled. Further, the easier passage of instruments into the bladder which has generally followed has reduced liability both to hæmorrhages and cystitis. Hence urine which previously was discolored, cystitic and offensive, became gradually normal in appearance and composition. Prostatic spasm has also been noted as ceasing. Some of these effects are probably due to a diminished blood current through the prostate following upon the operation.

I cannot say that I have yet met with an instance where a patient who has long been habituated from prostatic enlargement to the use of the catheter, has been able entirely to discard it, though as already stated the application of the instrument may subsequently have ceased to be a cause of distress. I believe also where the bladder had been pouched, as is so frequently the case in instances of enlarged prostate, removal of the urine with the catheter has been more completely accomplished. For the same reason, irrigation of the bladder, when necessary, has been more effectually practised. I think that these results have followed the division of the vasa, not by the inducement of a complete atrophy of the prostate, but of a degree and kind sufficient for the purpose.

In explaining the somewhat varied effects following this, and kindred operations on the genito-urinary tract, it must be remembered that the enlarged prostates of elderly men vary considerably in their structure and consistence. Putting aside instances of carcinomatous, tuberculous and such like glands, where these operations are inappropriate, it will be found that where muscular tissue predominates greater good may be expected and usually follows than where these proportions are reversed, and the part reduced to a condition allied with a fibroma. However, as it not always easy to accurately determine the structure differences beforehand, the greater is the reason why a tentative measure should, in doubt, be first undertaken. Pedunculated fibromatous prostates causing obstruction and cystitis will probably still be best treated by supra pubic prostatectomy.

The effects that follow division of the vasa, relative to the genital function may be stated as being in general correspondence with what is observed

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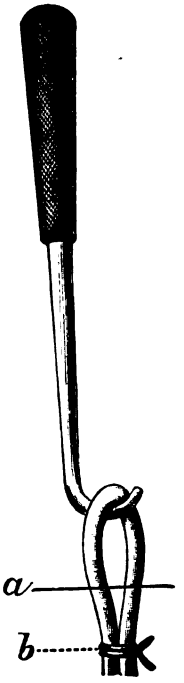
after castration. A unilateral operation leaves this function much in the same state as previously existed, whilst the severance of both tubes may be said to be likely to abolish it. The most perfect example of unilateral testicular atrophy I ever saw, followed rapidly upon the accidental division of the corresponding vas deferens in an operation for varicocele. As the subject of this accident is now the father of twelve healthy children, it does not appear that the procreative process in this instance suffered very materially.

I will now pass on to describe the method I employ in the division of the vas deferens, and to illustrate clinically its application. After trying several plans for dividing the vas, after passing the external abdominal ring, subcutaneous and otherwise, the following appears to be best: The scrotum having been shaven and prepared antiseptically, the tube is carefully sought for as it enters the scrotum. Held subcutaneously in position, between the finger and the thumb, a vertical incision through the skin is made over it to the extent of an inch or so. The spermatic cord having been recognized, the vas is separated from the other constituents, by the finger and probe, by merely carefully teasing away the connective tissue about it. In doing this, care should be taken not to drag on the testicle too much, but to support it whilst a loop of vas is detached, so that the connections of the former may not be loosened.



a. Line of section.
b. Ligature.

The vas should be well cleared of all other textures, and then a loop of it is gently drawn out through the wound, with a blunt hook, as shown in the figure. The loop is then encircled below the hook with a silk ligature, not

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too thick, which is tightly knotted. The ligature is cut off short, the extraneous portion of vas removed by scissors, and the pedicle dropped into its place. The wound is closed with a catgut suture or two, and fitted with a small drainage tube. There is no bleeding worth mentioning, if the operation is done in this way, and the wound usually heals in the course of a few days. I have reasons for believing that in a short time, the vas thus treated becomes converted into a fibrous cord, which eventually, with the corresponding testicle, undergoes atrophy. If the vas, before the ligature is applied, is carefully cleared of other tissues, pain is not usually complained of, as is often the case when the whole thickness of the spermatic cord is included in a ligature, as is sometimes done in cases of castration. Both vasa may be so treated simultaneously, but I prefer doing one at a time and then if the object is not sufficiently attained proceeding, subsequently with the other. It will be found that so far as the technique of the operation is concerned, relative to the general condition of an enfeebled patient, it compares favorably with either single or double castration.

If anticipations are realised, as seem likely to be the case, unilateral or even bilaterial division of the vasa will be resorted to at an earlier period of the disorder than would be the case if ablation of the testicles was the only alternative. The possibility of dilatation and atrophy of the kidneys arising out of frequent and obstructed micturition, as indicated by changes in the urine, would be sufficient to require this, should other measures fail in relieving such symptoms as hypertrophy of the prostate not infrequently gives rise to.

I will now briefly refer to three cases, illustrative of these remarks. The first is that of a gentleman, aged 73, who I saw in October, 1894, with a very large prostate, an irritable bladder, and almost entirely dependent on the use of the catheter. The frequency in passing urine increased, and the latter became very foul and ammoniacal. In the course of a few weeks phosphatic concretion took place and I removed some stone with the lithotrite. Relief followed this and the sound showed that the bladder was apparently clear. In the course of weeks the old prostatic symptoms returned with greater severity and the catheter was again resorted to about every hour both day and night. In October, 1895, it was again necessary to clear the bladder of encasing phosphates with the lithotrite, and at the same time, after explaining matters to him, I took the opportunity of dividing the left vas in the manner described. He was in a surgical home, whilst this was done, and able to return home on the seventh day. I have seen him since and the contrast between his condition now, as compared with what it was prior to the latter proceeding, is most marked. The testis and prostate are both undergoing atrophy, his catheter enters without provoking spasms, quite easily, and as he remarks, "I reach urine sooner by an inch than I did previously." He is able to hold his urine comfortably for five or six hours and can spontaneously expel more urine than he previously did. Further, his urine is perfectly clear, with a normally acid reaction a condition which has never been previously arrived at since I have known him.

The second case is one you saw me operate upon a month ago and as, so far as I can judge, no stone or other complicating condition exists, you can form

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a fair opinion as to the more immediate effects of this operation so far as the prostate alone is concerned. I took him into hospital for the reason that the frequency of micturition had reached about every two hours, both day and night, or even oftener, according to his statement, under which irrigation his general health, not unnaturally, was giving way. He had a large prostate with the left lobe predominating, but he was not dependnt on the catheter. Having explained the matter to him, Mr. W. Braine administered ether and I divided the left vas in the manner described. I should mention that this patient is seventy-two years of age. He immediately derived advantage in respect of the symptoms complained of, and four weeks after the operation reported himself as well, and able to retain his urine during the whole night.

The third case was in all respects similar. The frequency in micturition at once ceased after division of the right vas and the little wound was healed on the third day.

In the opinion I have formed as to the utility and propriety of dividing the vas in cases coming under this category, I do not stand alone, and unless I am mistaken, I anticipate that further evidence in support of it will soon be forthcoming. Our literature, however, will already be found to confirm some of the conclusions I have thus ventured to formulate.

Too much importance must not be attached to some experiments on animals which have been made in connection with this subject. The moral influence of certain conditions and the material changes they give rise to, so far as they relate to the genital function in the human male, find no counterpart in the animal species, so far as I have been able to ascertain.

In offering these remarks on this aspect of a most important subject, I do so in the belief that the case as I have endeavoured to put it, though not fully proven, has been sufficiently made out, by direct and indirect investigation, as to warrant a fair trial being made of it before we commit ourselves in adopting castration as a remedy for prostatic hypertrophy, and certain troubles arising out of it.

In a paper published (*Congres de Chirgurie*, Paris, 1885), since these observations were made, Prof. Gunyon of Paris, has added important testimony in favor of this proceeding. He published the particulars of two cases of bilateral division of the vasa, in men of seventy years of age or thereabouts, where the benefit obtained was, in each instance, both prompt and conspicuous, and in correspondence with what I have illustrated.

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The Medical Fortnightly

The Modicum of Hearing of Deaf Mutes; How to Use It and How to Improve It.

BY S. T. WALKER, M. A.,

JACKSONVILLE, ILL.,

Superintendent of Illinois Institution for the Deaf.

The adjective "deaf," as commonly used, is one of the most flexible terms. Its rhetorical differentiation is nil; its power of scientific definition is valueless; and its promiscuous and general use is misleading. Yet we know of no single terms that will intelligently express the various degrees of deafness, and we are therefore compelled to bring into requisition the awkward and unscientific phrases "hard of hearing," "semi-deaf," "partially deaf," etc., when any attempt toward classification is made. I yet hope that our scientific instruments for measuring hearing may develop in excellency beyond the "tick" of a watch, the variable tuning fork or the human voice, so that we shall quickly and easily be able to say of one whose audition is impaired, "Your hearing is 20 per cent; yours is 35 per cent," etc., and have that gradation recognized as infallible throughout the profession, and even understood in a general way by all. Until some such method is adopted, we shall still be compelled to employ circumlocution when any extended classification of the deaf is entered into.

The physical act of experiencing sensation caused by excitation of the auditory nerve is commonly termed "hearing," and it is this definition that applies to the word as first used in the title of this paper. I recognize, however, that this physical stimulation is but a component part of hearing; that "to hear" in the fullest and broadest sense comprehends cerebral activity, perception, association, and the reflex motions arising from normal excitation of the auditory nerves. It is this latter and fuller meaning that is referred to in the balance of the title. The ability, then, to experience the physical effect of excitation of the auditory apparatus is one thing, and the further power to utilize the effect is another.

In the first classification, it has been found by experimentation, belong a respectable proportion of children who are pupils in institutions for the education of the deaf. In the second classification belong a much smaller proportion of those pupils, yet it is large enough to have recently commanded the attention of educators and scientific men, and ways and means are being devised adaptable to their educational needs. A conviction has long lain in the minds of some who have had charge of institutions for the deaf that a duty in this direction has too long remained unfulfilled.

Gradually, however, the most progressive investigators are forcing upon the authorities the imperative necessity of provision for the instruction of this percentage of pupils, whatever it may be found to be, by means which I will recite further along in this paper.

How much actual hearing, through the ear, by the use of tubes and other bone-conduction, exists among pupils refused by public schools and sent to institutions for the deaf? How many have enough hearing to be of benefit in conversation and recitation? These are questions which have been brought most forcibly and interestingly to my attention. Early in the winter of 1893-4 I resolved to make a recorded test of these questions, with the view of having it as a basis for future operation in the line of educable audition. Through the kind offices of Mr. R. S. Rhodes, of Chicago, the inventor of the "Audiphone," I obtained one of Prof. D. E. Hughes' instruments, called a sonometer, or audiometer, for measuring the hearing power. This simple instrument may be described for the benefit of those not familiar with it, as one arranged to conduce sound produced by the opening and breaking of an electrical circuit through a receiver

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to the ear. The sound is a clicking noise, and its intensity is increased or diminished by moving a magnetic disc on a sliding graduated bar towards or away from an electro-magnet, operating by induction. Normal hearing is able by the induction to detect the noise when the disc is at the extreme end of the graduated bar, while one with defective hearing must, in order to hear the noise, have the disc near the coil, the point farthest away from the coil at which the noise is heard determining the relative degree of hearing or deafness.

Out of 523 pupils comprising the enrollment of the Illinois Institution for the Deaf (at Jacksonville), I found it practicable to secure what appeared to be intelligent answers from 381. Frequent false tests were made in cases where it was suspected that the child was ignorant of what was desired to be known, or where, being deaf absolutely, wrong answers were given unintentionally, and such cases were thrown out of the count. Great care was taken to have the test as nearly perfect as the instrument used and the intelligence of the child would admit, and I feel confidence in the result.

The scale on the audiometer was reduced to 100; R. signifies the right ear; L. signifies the left ear; 100 equals normal hearing; 0 equals total deafness; the percentage in all cases indicates the degree of hearing. In the first table I will give the ten pupils who possessed the greatest percentage of hearing, and for the sake of future reference I will give records of both ears, age at date of test, supposed cause of deafness, and age at which deafness occurred:

	Percentage of Hearing.	Age.	Supposed Cause of Deafness.
T. H.	R. 70—L. 80	18 years	Whooping Cough, 4 years
J. W.	R. 80—L. 0	23 "	Spinal Meningitis 1 year
R. F.	R. 0—L. 78	19 "	Spotted Fever, 3 years
L. V.	R. 75—L. 20	12 "	Diphtheria, 2 years
A. T.	R 0—L. 75	14 "	Congestion of Brain, 5 years
J. W.	R. 65—L. 70	19 "	Unknown
N. M.	R. 70—L 50	9 "	Unknown
H. J.	R. 35—L. 65	19 "	Unknown
W. S.	R. 65—L 20	12 "	Congenital
N. M.	R. 50—L. 60	17 "	Congenital

Out of 381 I found results indicated in the table below. This classification gives the "best" ear, without reference to the percentage of hearing in the other. It also gives the average of each group:

Percentage Groups	Per cent of Hearing.	Per cent of whole Number Tested.	Average Present Age.
61 had record of various degrees to	10	15.7	15 years
35 had record of various degrees between	10 and 20	9 2	17 "
47 had record of various degrees between	20 and 30	12.0	19 "
18 had record of various degrees between	30 and 40	4.7	16 "
7 had record of various degrees between	40 and 50	2.0	17 "
16 had record of various degrees between	50 and over	4.2	17 "
40 had record of zero in right ear	.....	10 0	17 "
46 had record of zero in left ear	.....	12.0	16 "
198 had record of zero in both ears	.....	52.0	15 "

There seems to have been quite a variation between the degree of hearing in right and left ears of individual cases, as out of the total number examined only twenty-six had an equal degree of hearing in both ears. The

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average in the aggregate of the percentage of the right, however, and that of the left ear is very nearly the same, a very interesting fact, going to prove, though not by any means fully establishing the fact, that one ear is not more susceptible to influences causing deafness than the other. The average percentage of hearing of all those who heard in any degree is 19 per cent in the right ear and 20 per cent plus in the left ear—practically the same.

By reference to the percentage columns of the last table it will be seen that nearly 11 per cent of all examined recorded an audiometric hearing power of 30 per cent and over of normal hearing. At that rate, there should be in the Illinois Institution for the Deaf nearly sixty pupils who have 30 per cent and over of hearing. The importance of this disclosure would seem to be augmented, taken with the statement of Mr. Rhodes that he himself has only about 7 per cent in one ear and nothing in the other, and that of the late Prof. George Wing, who claimed it as his belief (though not verified ually connected to the phonograph) and by tests) that fully 20 per cent of all pupils in institutions for the deaf were more sensitive to sound than he himself was. Mr. Rhodes, it may be said, carries on a large business and transacts his affairs by speech and hearing, using the audiphone and experiencing little or no trouble. Mr. Wing used a trumpet or flexible hearing tube with as little inconvenience.

Were I to let this statement stand without further comment, the natural conclusion would be: If the gentlemen referred to, having each less hearing that each of sixty pupils in one institution for the deaf, can successfully use that modicum of hearing, the duty is plain and neglect is culpable. But there is a very important fact to note, and that is, children partially deaf do not, and, I may say, will not, excepting in rare instances, put forth the exertion needful to utilize and educate the modicum of hearing they possess. On the other hand, adults, who sensibly appreciate the annoyance arising from deafness, will put forth the utmost exertion, wholly or partially, to retrieve the lost sense. This explanation of the reason why greater success in this direction may not be attained is, without doubt, the valid one, and the fact is a most serious block in the way of carrying out a most pleasing theory. Only one ray of hope for the removal of the difficulty appears, and that is in more persistent and individual instruction in much smaller classes than it has yet been found practicable to form.

Audiometric tests of hearing power were made also in the New York Institution for the Deaf by Prof. F. D. Clarke, 341 pupils being tested. The result of this test was as shown in the following table:

Number Cases	Audiometer.	Percentage of Cases Tested.
70	0..... ...	20.52
9	0 and under 5	2.63
30	5 and under 10.....	8.79
112	10 and under 15.....	32.96
63	15 and under 20.....	18.47
25	20 and under 25.. ..	7.33
10	25 and under 30.....	2.93
5	30 and under 35.....	1.46
4	35 and under 40.....	1.17
2	40 and under 45.....	0.58
4	45 and under 50....	1.17
2	50 and under 55.....	0.58
8	55 and upwards....	2.34

From the experiments made, the authorities in the New York Institution concluded that about sixty of the whole number tested (341) possibly heard enough to eventually be instructed through the ear ,but finally decided to begin with but thirty-two . This was eleven years ago. The latest report is that nineteen only receive instruction through the medium of the ear.

In the Nebraska Institution fifty-four, or about 34 per cent of the whole number receive instruction through the ear. That institution is the pioneer in the classification and instruction of the semi-deaf, and I am sorry that no data are at hand with reference to the recorded degrees of deafness which the number who receive instruction through the ear possessed when such instruction was commenced, for much of the value of such experimentation results from comparisons made from time to time.

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The first permanently organized class of semi-deaf pupils in the Illinois Institution was formed in October, 1894. The members of the class were taken from the other classes, where they had been receiving instruction such as is given to deaf mutes who do not hear or speak. From that time to the present these pupils, who have various degrees of hearing, have been compelled to depend upon the ear for their instruction and required to communicate by vocal speech during the five hours each day they are reciting. The experiment has been most gratifying. While the work is exceedingly taxing to the teacher, who must materially increase the volume of vocal speech so as to meet the requirements of the deafest member of the class, yet this great strain will, I trust be lessened by means of assistance from the graphophone. Experiments to that end are now being prosecuted.

The aim, it must be understood, in classifying the semi-deaf together is to secure for them such instruction as they would receive in the ordinary schools, were they able to receive it in public school classes. In addition to this, their defective articulation and breathing, which almost invariably accompanies defective hearing, are corrected and much improved by exercises designed by the teacher to fit such cases. Not only is the practical utility of their remnant of hearing thus made a prominent feature of instruction by its continued exercise toward practical ends, but the esthetic cultivation and use of the semi-dormant sense is undertaken also by a short daily musical program sometimes given by the teacher rendering piano and vocal selections, or by the graphophone. Considered psychologically, this exercise is of no small importance. It is conceded by students of psychology that sound affects the psycho-accoustic and the emotional centers of the brain very perceptibly, and to an extent that may soothe and palliate nervous disorders or excite to serious nervous affections. The effect upon the totally deaf of the absence of sound in the formation of character, as well as the therapeutic value of harmony, is a subject that is well worth investigation.

As a means of laryngeal exercise, the class is also made to go through with a daily drill, very much the same as singers, usually accompanied by the piano, but limited, of course, to rudimental exercises designed for especial purposes, such as "opening the throat," "abdominal breathing," and the "placing" of abnormal voice.

Aids to hearing are resorted to where it is difficult to secure comprehension normally, and the various tubes and trumpets, as well as the audiphone, are kept at hand. The principle governing the class is "the greatest amount of audition that is possible, together with activity of the vocal and articulatory organs." It will readily be understood that the attedant labor is great, owing to the amount of individual attention required. The graphophone is, I think, going to prove a valuable assistant to the teacher in this respect. The principal way in which it can be used is by the teacher recording upon a blank cylinder such lessons, exercises or recitations as she may desire most frequently to fall upon the ears of her pupils. These cylinders then can at her pleasure be placed in the machine and as many as eleven pupils can, by using the multiple hearing attachment, hear over and over the record of the cylinder. Thus much time as well as lung power can be saved and a vastly greater quantity of vocal utterance into the ears of the pupils can be secured. To what limit the use of the graphophone can be beneficially serviceable is yet to be discovered. Tests are now being made with other pupils whose hearing is much less in degree than those we term the semi-deaf, ranging down to zero. One hundred and ninety have already been tested. The graphophone, it must be understood, has much greater volume than the phonograph, and the person making the record can secure a reproduction that may be heard by normal hearing in any part of quite a large room. The cylinders used in the test were: First, a musical selection by an orchestra (a march), in which was introduced the ringing of a bell; second, a cylinder the record of which was made here, representing, first, loud speech, then the imitation of a bird,

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followed by an imitation of the squealing of a pig.

The graphophone was taken to the various class-rooms and the pupils told to listen (using the ordinary tubes us- write down as good a description of the sound or sensation produced as they could. It is safe to presume that the answers which I reproduce below are for the most part "honest" ones. though doubtless the imagination was drawn upon in some instances. It must be remembered, too, that the greatest majority of those tested probably never very distinctly heard many sounds of any kind, and that, therefore, any sound-impression might be defined, not as relating to any special similarity in quality to another, but as causing a sensation similar to that caused by most any accidental sound-impression which had at some previous time been experienced. Others seem very closely to have recognized some of the sounds produced.

As a matter of comparison, I have reverted to my former audiometric tests and have followed the definition of the sound-impression as given by the deaf pupil with the percentage of hearing found to exist in each case at that time. The columns on the right indicate the right and left ear percentage of hearing as shown by audiometer:

Graphophone Test—190 Deaf Children.

	R.	L.
A., C.—Birds singing. Cats mewing.	0	0
A., N.—Like Music. Whistle	16	16
B., J.—Little like a band	0	0
B., S.—Music	10	0
B., H.—Whistle. Baby crying. Man said words	20	22
C., E.—Heard words and noise of locomotive	27	20
C., M.—Like the blowing of a horn. Laugh and whistle	25	10
C., W.—Birds singing. Dog bark	4	4
C., R.—Piano and singing. Train coming	10	25
D.,G.—Dog bark	0	0
D., G.—Whistle. Cow	0	0
D., A.—Little sound like a horn and band	0	0
E., L.—Music	0	0
F., G.—Bird's voice. Music	0	0
F., J.—Dog bark. Birds singing	0	0
G., B.—Like an organ. Dog barking	0	0
G., P.—Croaking of window in windstorm. Voice like screaming		
G., E.—Bird	3	0
H., J.—Whistle. Bark. Music	20	22
H., L.—Singing of animals	0	0
H., C.—Noise like a lamb and a cat.	0	0
H., G.—Whistle	0	0
H., H.—Whistle. Bark		
H., M.—Dog barking	0	0
K., P.—Band. Music. Man holding hog that squealed	0	22
K., E.—Bird	0	0
L., K.—Dog bark. Birds singing	0	0
M., A.—Bands and songs	35	32
McC., T.—Music like in opera house.	5	0
M., N.—Negroes singing. Birds singing	50	60
McF., B.—Music. Noise like some animal. Loud talking. Sensibly affected and auditory nerves causing shock	10	0
M., O.—Very sensibly and acutely affected auditory nerves and caused shock		
McD., M.—Bird	0	0
M., J.—Like a boy going up steps	10	6
M., C.—Ungreased wheels. Dog barking	0	0
M., N.—Whistling. Rumbling of wheels		
M., K.—Baby crying. Band. Carriage	50	0
N., A.—Cow and dog	0	0
O., E.—Cat mewing. Dog bark. Hen singing	12	0
O., W.—Band	3	0
P., B.—Whistle	0	0
P., D.—Birds singing. Dog bark. Baby crying	8	8
P., E.—Cow. Dog. Whistle		
R., F.—Dog bark. Noise of machine. Shout of man		
R., V.—Dog bark. Cat mewing. Cow.	0	0
R., C.—Cow	0	0
R., M.—Piano. Hand organ. Dog	20	32
R., D.—Like a cat	0	0
R., H.—Band	0	0
R., M.—Music	2	0
R., S.—Music	0	0
R., M.—Singing	0	30
S., G.—Preaching. Pig squealing	30	20
S., J.—Train	0	0
S., F.—Music. Whistle	0	0
S., L.—Music. Whistle	0	0
S., M.—Whistle. Birds singing	10	0
S., H.—Birds singing	15	20
T., A.—Piano. Dog bark	0	0
T., F.—Noise like a cat. Boys playing	0	0
U., T.—Preaching. Pig squealing	30	20
V., F.—Rooster crowing	6	5
V., J.—Whistle	0	5
V., L.—Cat. Church bell. Train	15	15
W., M.—Street car. Whistle. Train	0	0
W., O.—Bell	0	0
W., M.—Whistle. Boy's scream. Birds singing		
Z., R.—Birds singing. Dog bark	0	0
C., A.—Dog bark	22	20

To utilize and improve the hearing and to educate sound-perception in those whose hearing has never differentiated sounds to an extent that would render their physical hearing a practical agent for conversational uses, requires still more complex and patient treatment. Should a person born deaf miraculously and suddenly receive

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hearing, he would be utterly unable to successfully associate the sounds he would hear uttered as vocal speech. He would be as a foreigner in a strange land, and the words of his own mother would be meaningless. His hearing power, so far as its utility in conversation is concerned, would be nil. His auditory cerebral center would have to be educated with as much detail as that of a babe. Frequent repetition of the verbal sound of common objects would be necessary, together with association of the sound with the visual object. A regular course would have to be pursued with him, beginning with the very simplest elements of language, and this, too, in the face of the fact that his previous education may have been carried to a high degree of perfection and he may be able to comprehend by visual means the most abstruse statements.

In this hypothetical case we have the exact condition of one whose hearing, always dormant or never having been utilized, is sought to be improved by any means that may be employed. The degree of physical sound-sensation reaching the autditory nerve, whether greater or less, does not enter into the problem so much as does the past history of the practical use of that degree. In other words, a person born with as high as 60 per cent of hearing, be he of phlegmatic temperament, slow of perception, indolent, and mentally dull, may, if no interference supervenes, live a long life without ever uttering a word or comprehending a word spoken to him. On the other hand, one born with a much less degree of hearing, but of active temperament and an inquiring mind, is open to impressions, faint though they may be, through the auditory nerve. His very keenness to know of cause and effect will frequently lead him to a knowledge and perception of the genius of speech. To what extent these phlegmatics with a comparatively large percentage of hearing power, and these others with active and inquiring minds, though possessing relatively a less degree of hearing power, may be brought to a practical hearing perception, is a question that the future only can answer. Some experiments are now being made in that direction. Suggestions have been made towards massage of the sound-conducting apparatus by means of vibratory impressions graduated so as to meet the requirements of various cases, and to give variety of pitch and quality. This is done by an instrument termed a vibrometer used by Dr. Henry F. Garey of Baltimore. Dr. Garey claims that in the loss of elasticity of the membrana tympani, and adhesions caused by secretions of a gluey nature in the tympanic cavity, curtailing the movements of the ossicula auditus, a systematic massage of the vibrometer will restore these parts to activity. Some eminent members of the profession do not agree with this view, though Dr. Garey cites cases where the treatment has been successful.

Whether the theory is practical or not, there certainly is reason enough in it to induce experiment along that line, though I am constrained to believe that more may be accomplished by professional surgical interference in case of diseases such as Dr. Garey describes.

In the foregoing I have shown, I think, in what manner the modicum of hearing possessed by some of the deaf is, and how in others, it may be utilized in their education and later, in affairs of life. How far we may be able to go in the future depends first upon the success or failure of further experiments, and upon the funds at our command for the employment of assistants. Another difficulty that stands in the way, to which I have before alluded, is the proneness of deaf children to be satisfied with their condition and being loth to put forth the exertion necessary on their part to raise themselves from deafness.

The possibilities are almost illimitable where all conditions are favorable and where individual cases are considered, but any attempt to generalize from isolated cases of success, or to fit theories that under the most favorable conditions might become facts, to conditions unfavorable to success, is liable to failure. Another very necessary adjunct to success is persistency. Ephemeral effort will not avail in these experiments any more than it does with other scientific investigation. Time and intelligence are indispensable.

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PATHOLOGICAL.

I now come to the last division of my subject, and that is the study of the etiology of diseases of the ear as presented in the pupils congregated at institutions for the deaf. With only now and then an exception these institutions have confined their energies toward educating and training the deaf with little or no care for the diseased ears. It is presupposed that children who have become so deaf as to require specialists to educate them have either gone so far as to hold out little hope for alleviation or cure, or else have already received medical attention to the limit of medical science. Both of these views are, in my opinion, subject to grave criticism, if not condemnation.

I think I am safe in saying that not seventy per centof the children present in the Illinois Institution have had any intelligent inspection of their ears, with a view to correct diagnosis. If that is the case, we may have with us quite a number who, through treatment compartively simple, might either be restored completely, or at any rate to a degrees that would admit of the successful use of mechanical aids to hearing. Medical science is constantly progressing, and yet our schools for the deaf do not decrease in proportionate ratio. I am very strongly of the opinion that the reason for this is not traceable to lack of skilled aurists, but to neglect in childhood to have corrected some simple irregularity or to have removed some foreign mucoid or adenoid obstruction from the meatus, the eustachian tube or the naso-pharynx. The time to treat disease is in its incipiency, or, if that is not possible, as soon after as it can be done. Certainly little hope can be entertained for successful treatment of deafness after an athopied state of the organs has become permanent. Another very forcible argument for a department of this kind connected with the state school for the deaf is that pupils attend school here for nine months in the year, and are boarded and housed and cared for day and night by the same officers. Whatever treatment might be given could be thus given daily and hourly if necessary, while their education would be progressing at the same time. Frequently I have requests from parents to send their child home or to be granted permission to keep him at home for a year, so that some "Indian doctor" of other class of charlatan who may chance to be pitching his tent in the neighborhood, may operate on his ears. It is needless to say that when this has been done no good whatever has resulted, the parents have been fleeced out of as much money as possible, and the child has been set back a year or so in his education. This could all be avoided. It treatment seemed advisable, we could discover the fact here and could proceed with it with little interruption of school work.

No greater field exists for the study and treatment of diseases of the ear. With five hundred and twenty deaf youth gathered together (the largest number in any one institution in the world), all under one control, with all the comforts of a home, and yet sufficient hospital appliances for the most thorough research, what grander chance for doing good to humanity.

I am pleased to state that in compliance with these suggestions, which were embodied in my last Report, the legislature of Illinois and the Trustees of the Illinois Institution for the Deaf have taken the first step toward the desired end—a step, only, it is true, but one which I have reason to hope will result in an otological department to the Illinois Institution for the Deaf which will not only become famous for its scholarly research as to the cause and cure of deafness, but may be the cause of much alleviation and possibly of restoring hearing to some that would otherwise remain perpetually deaf.

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The Medical Fortnightly

A New One-Stroke Double Tinction for Lepra and Tubercle Bacilli.

BY DR. P. G. UNNA, Hamburg, Germany.

Translated by DR. M. ENGMANN (late assistant to Dr. Unna), St. Louis.

A short time ago I described a new method for coloring fibrin electively (a) in the tissues, which consisted in the partial decolorizing of sections colored by methylene blue and decolorized by a concentrated watery solution of tannic acid. I mentioned that the tannic acid decolorizing displayed certain bacilli, namely, the leprous bacilli and tubercle bacilli. We possess, as is well known, a number of very reliable and easy methods for coloring these bacilli. The present method forms a contrast to most of the former, by obtaining at once a double tinction, showing the distinction between bacilli and tissue by a simple staining fluid. This is only possible when a compound polychromic staining fluid is used, for instance, my polychromic methylene blue solution (b).

Hitherto we have had only a single "Einzirtige Doppelfarbung" (one-stroke double-tinction) of tubercle bacilli, that of Gibbes (c), in which the tinction is made by a solution containing both the fuchsin and methylene blue. This method may often give, in the hands of the very expert, good results; but it cannot be called a reliable method, for it is frequently the case that a few blue bacilli are seen mixed with the red. The reason for this is that the staining matters are too similar in their tinctorial qualities. Such is not the case in my polychromic methylene-blue solutions. Though the red color contained in the methylene-blue solution is related to and derived from methylene-blue, yet it has quite opposite qualities, coloring only certain constituents of the tissue, namely, the grains of mastzellen, keratin, mucin, red blood corpuscles, and these bacilli, while all the other constituents take the blue color of methylene-blue. Besides this red coloring matter, methylene-red, there is yet another in the same solution of a violet hue, methylene-violet. We will not deal with this thoroughly now, but I must mention it to prevent the confusion which is apt to arise between the two colors, red and violet.

In my first publication (d) on methylene-blue, I was not able to differentiate between these two coloring principles, and believed the violet tint that appeared here and there in the sections to be a mixture of methylene-blue, with a single red coloring matter. But I was taught by further experiments to differentiate between the red and the violet, and was able to show (e) that the latter, methylene-violet ($C_{14}H_{12}N_2SO$), is formed from methylene-blue ($C_{16}H_{18}N_3SCl$) in an alkaline solution, and that this metamorphosis can be obtained immediately by cooking with the carbonate of potash (f). Such a violet solution does not contain methylene-red in spite of the violet, and therefore, the mastzellen and the above named bacilli are not stained by it. But on the other hand, the solution gives a prominent polychromic staining of all protoplasmic and inter-cellular substances, the tints of which show a fine radiation of colors from violet to

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From Sheffield Medical Journal.

(a) Unna. Zum Nachweise des Fibrins in den Geweben, speciell in der Haut. Monatshaft f. pr. Dermat., 1893.

(b) Unna. Ueber die Reifung unserer Farbstoff. Zeitschrift f. wiss. Mikrosk. Bd. viii., p. 475, 1892.

(c) Unna. Die Entwicklung der Bacbesondere beim Lupus, Mon. f. prakt. Dermat. Bd. xii., p. 296, 1891.

(d) Unna. Ueber Plasmazellen, insterienfarbung, pp. 36, Gust. Fischer, Jena, 1888.

(e) Unna. Ueber Reifung, etc., l.c.

(f) In this treatment of methyl-blue, water is taken up and hydrochlorate of dimethylamine is thrown off.

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blue, gray, and up to greenish-blue. This is more marked when a large quantity of H2S has been used in the preparation of the methylene-blue, which is the so-called "red-streaked blue" of commerce, as it contains more or less methylene-red (C16H18N4S4).

It can be demonstrated that by adding alkaline carbonates to a solution of this "red-streaked blue," the dyeing with methylene-red becomes much more apparent (g). Methylene-red approaches to the acid color in its qualities, because by the additions of acids it is fixed on the tissues and intensified. I suppose it is loosely bound in the alkaline solution of methylene-blue to the blue color itself.

The constituents of the tissues take first the neutral composition of both (methylene-blue and red), then by a suitable process of decolorizing, we can separate this complexity (tissue, methylene blue, methylene red), so that certain parts of the tissue give up their red color and remain blue, while other parts deliver the blue color and remain red.

This differentiation can be obtained by treatment with certain acids, especially nitric acid; but a reliable method depends upon finding some agent that will separate the colors quickly and exactly, that is, to facilitate the selection of the tissues for these colors.

Among all the different agents and varieties of decolorization that I have tried for this purpose the concentrated aqueous solution of tannic acid has proved the best. It decolorizes the methylene-blue slowly enough to portray the different constituents of the tissue as well as the bacilli; it shows two kinds of nuclei, one violet and the other pure blue; furthermore, the fibrin, and, in spite of its strongly acid quality, even the protoplasm of the plasma-cells, this not in the common granular form, but as a more homogenous mass.

(g) Dr Grubles, Leipsig, prepares after my formulae a "polychromic methylene-blue solution, which contains, besides methylene-blue, much methylene-red and methylene-violet.

The latter circumstance is in the study of leprous tissues, therefore of great value, as it allows us to observe the adherence of the bacilli to the plasma-cells (the mucoid change of the former), the atrophy of the protoplasm, and the imbedding of the atrophic cells and naked nuclei in the extending bacillary-mucus. That is, we can more clearly study that complexity of animal and vegetable matter which most observers term "lepra cells," misusing and extending the idea of the word cell.

The tannic acid decolorizing has also the further advantage, in that in a certain lower stage of decolorizing, the mucus (gloia) of the bacilli retains some of the blue, while the bacilli have already given up all of the blue, so that then the red bacilli are seen imbedded in blue gloia. Besides, a confusion of this blue colored gloia with protoplasm is, in these sections, excluded, for the former is always translucent, glassy and weakly blue, while the protoplasm, as far as it is perceptible by this method, is opaque and deeply stained. But even on a higher stage of the decolorizing when the gloia has given up all of its color and is clear as vitreous mucus, yet it is more clearly marginated and better in its contour, the little masses appearing as they should in fish-roe like masses of vegetable mucus, which is their natural character. It can be seen at the first glance that the small oval or round clumps, which compose the larger masses (so-called cells) differ in age, density and the number of bacilli they contain; that is, they differ in that they are in a different stage of mucoid metamorphosis.

We deduct from the reasons above given than the methylene-blue tannic acid method is very important for the study of leprosy.

It is very difficult for many workers of today to become familiar with these pictures, which are indeed different from the stereotype of granulomata, and yet very simple. A method by which even a beginner can study and observe the development of the bacilli clumps must be a welcome one to us. Besides, we must not neglect the fact that this double staining is exceedingly simple and easy in its management.

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Therefore, I give to this method for coloring leprous bacilli the preference above all others known to me, on account of its manifold advantages and simplicity.

On account of the similarity existing between lepra and tubercle bacilli in the tinctorial qualities, one should profit by the experiments with the former for knowledge of the latter as well.

Indeed, it was shown in sections of tuberculous lung, rich in tubercle bacilli, that the latter, in the methylene-blue tinction and tannic acid decolorizing, also fixed the methylene-red. It is necessary, though, in this case to strengthen the decolorizing by leaving the sections a longer time in a spirituous solution of orange, or immersing them in 25 per cent solution of nitric acid, on account of the caseous matter surrounding the tubercle bacilli, in which, if this is not done, the blue color will be too firmly fixed. Such a supplementary decolorizing is, besides, of advantage in thicker sections of leprous tissue.

As a staining for tubercle bacilli in sections this method of one-stroke double-tinction is also very simple, but whether it can practically compete with or replace the more prolonged common double stainings, the future must teach. Perhaps it has not the advantages for the study of tubercle bacilli that it has for leprous bacilli—that is, histologically.

For sputum and the dry preparations this method is not at all applicable, as they are too severely acted upon by the tannic acid.

To execute properly the one-stroke double-tinction, it is necessary to procure the right polychromic methylene-blue solution from Dr. Grubler, Leipsig.

The section, of alcoholic preparation, is allowed to remain in the polychromic methylene-blue solution for at least ten minutes, but a sojourn of even a night will not be harmful, only prolonging the time for decolorizing. It is next mixed with water and brought into a 33 per cent aqueous solution of tannic acid, where it is allowed to remain from two to five minutes, slowly giving up some of the color. By again rinsing with water the proper degree of color (or decolorizing) is observed, the section becoming a dull gray-blue tint. After thoroughly washing it in water, it is put either into absolute alcohol or a solution of gold orange, made by absolute alcohol, in which it is not only dehydrated, but also receives a yellow counter-staining, without the bacilli becoming decolorized. If the section does not give off the methylene-blue sufficiently (thicker sections, sections containing caseous or purulent matter, prolonged sojourn in methylene-blue), the tanned and washed section is put for a few seconds into 25 per cent solution of nitric acid, then into spiritus dilutus, water, and finally into absolute alcohol or orange alcohol for dehydration. This is followed by clearing up in oil of bergamot and imbedding in balsam.

Formula for the one-stroke double-tinction of leprosy and tubercle bacilli by the polychromic methylene-blue solution—(1) Polychromic Methylene-blue solution, ten minutes to some hours. (2) Washing with water. (3) 33 per cent aqueous tannic acid solution, two to five minutes. (4) Thoroughly washing with water. (5) Absolute alcohol, or gold orange alcohol, or 25 per cent nitric acid, spiritus dilutus, water, absolute alcoholism. (6) Oil of bergamot and balsam.

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The Medical Fortnightly

THE OPHTHALMOSCOPE

FIRST PAPER

BY J. ELLIS JENNINGS, M. D.,
SAINT LOUIS

It is now forty-five years since Helmholtz announced to the world his invention of the ophthalmoscope, an instrument which opened up new fields of research and placed upon a scientific basis the study of diseased conditions of the internal eye. This great discovery made possible the detection of pathological changes in the lens, vitreous body, optic nerve, blood vessels, retina and choroid, which hitherto had been a mere matter of conjecture. Hasner says, "the ophthalmoscope is not only the most valuable boon to ophthalmology, but is also one of the greatest creations of our century. What the telescope is to astronomy, the ophthalmoscope is to ophthalmology. The telescope owed its existence to accident; but the ophthalmoscope is absolutely the mature offspring of theory, and is therefore a greater ornament than the former, not only to Helmholtz, its originator, but also to the age itself, which has not been indebted to blind chance for its greatest discoveries, but has known how to reduce them from exact and laborious scientific investigations."

But not only does the ophthalmoscope enable us to detect diseased conditions of the internal eye, but it often gives us unexpected information as to the nature and probable consequences of diseases of the general system. As stated by Gower, "this information depends upon the circumstance that we have under observation. 1. The termination of an artery and the commencement of a vein, with the blood circulating in each. 2. The termination of a nerve, which, from its close proximity to the brain and from other circumstances, undergoes significant changes in various diseases of the brain, and in affections of other parts of the nervous system. 3. A nervous structure—the retina, and a vascular structure—the choroid—which also suffer in a peculiar way in many general diseases." As soon as its value as a diagnostic aid is better understood, the ophthalmoscope will become indispensable, and be used by the physician in routine medical practice as freely as the stethoscope.

In beginning the study of the ophthalmoscope it is important, not only to follow its history and evolution, but to understand the principles which make an instrument of this kind necessary to see the fundus of the eye. As mentioned by Hasner, the ophthalmoscope does not owe its existence to accident or chance, but to the successful solution of the following problems which had puzzled investigators for 150 years: 1. The cause of the peculiar reddish lustre at times observed in the eyes of men and animals. 2. The cause of the more usual black appearance of the pupil.

The reddish glitter often observed in the eyes of animals possessing a tapetum, especially in dogs and cats, and which was supposed to become more vivid under excitement, was thought to be a spontaneous development of light under the influence of the nervous system. This fallacy was disproved by Prevost, Guithuisen and Rudolph (1810). Prevost found that the reddish lustre could not be seen in a dark room, and must therefore be due to a reflection of incident rays. Guithuisen attributed the effect to the tapetum and Rudolph discovered that to see the glitter it was necessary to look into the eye from a certain direction. The ordinary black appearance of the pupil was supposed to be the result of an absorption of the light rays by the choroidal pigment. The first to throw a doubt upon this idea was Mery (1704). Accidentally holding a cat under water he was surprised to find that he could see the fundus details with all ease. In 1839 Behr reported the case of a little girl with total absence of the iris, in which he observed a reddish reflex and

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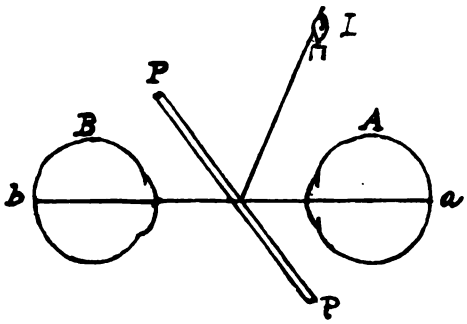

Fig. 1

stated that the luminosity diminished or disappeared as soon as the observer looked below the axis of vision of the eye observed. In 1846 Cummings announced the important fact that all eyes are luminous, but that in order to see the returning rays of light the eye of the observer must be placed as nearly as possible in the direct line between the source of light and the eye observed. But the difficulty is to get in the direct line between the source of light and the eye observed. Suppose, for example, we hold a lighted candle two feet in front of a patient's eye. The entering rays are changed from their divergent course by the convex surface of the cornea and lens and made to converge, forming a distinct image of the candle flame on the retina. The reflected rays pass out of the eye in the same manner and come to a focus at a crtain point in front of the eye, called the conjugate focus. In this instance, the conjugate focus is in the candle flame and at this point a picture of the fundus will be found. If we wish to observe this image it will be necessary to place our eye in the direct path of the returning rays, either in front or behind the candle flame. If the observer puts his eye between the flame and the eye of the patient, his head cuts off the source of illumination and leaves the eye of the patient in darkness. If he tries to view the image from behind he fails, because of the dazzling light and opaque nature of the flame. It is therefore apparent that some specially contrived instrument, which will practically make the observer's eye the source of illumination, was necessary before a satisfactory view of the fundus could be obtained. H. Helmholtz, professor of physiology and pathology at Konigsberg, was the first to invent such an instrument. Gathering together the scattered observations of a century he united them into a composite whole, and in 1851 gave to the world the beautiful instrument which he called an eye mirror or ophthalmoscope.

Helmholtz's Ophthalmoscope.

The principle involved in the construction of the ophthalmoscope is that if, in a darkened chamber, the light of a lamp be allowed to fall on a polished glass plate, and the rays reflected therefrom be made to enter the eye to be observed, an image of the fundus will be seen by an eye placed behind the glass. In this experiment the eye of the observer is practically made the source of illumination and consequently in a position to receive the rays of light returning to their conjugate focus, see fig. 1. The light from the candle L falling obliquely on the glass plate PP are reflected and pass into the eye A. The rays reflected from the fundus a, on reaching the glass plate, PP, are in part reflected to the original source of light, L, while a part pass through the plate into the eye, B, and come to a focus at b.

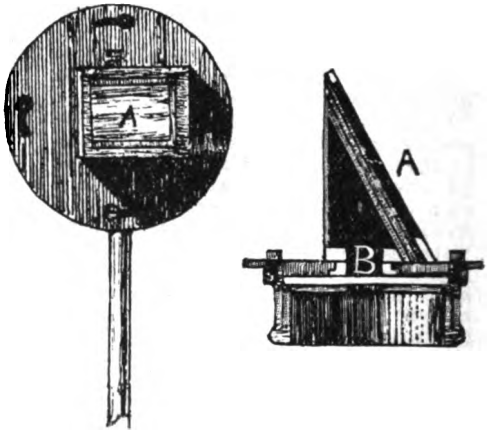

Fig. 2. Helmholtz's Ophthalmoscope.

The ophthalmoscope of Helmholtz, see fig. 2, is composed of three plates of superimposed glass for the purpose of increasing the reflective power of the

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instrument. These plates form the hypothenuse, A, of a little box or cell, having the form of a right-angled triangular prism, closed on all sides and blackened in the interior. The small side of this box, which forms with the plates an angle of 56 degrees, is pierced by a hole, B, and arranged in such a manner that the prism can be turned around the optical axis of the instrument. Finally, behind the hole above mentioned, is an eye-piece for the purpose of receiving the eye of the observer. Between the eye-piece and prism, is a clamp in which can be inserted lenses of different powers. Although at the present time the ophthalmoscope of Helmholtz is little more than a curiosity, and has given way to those of more improved construction, yet, by reason of its weak illuminating power, it is still unsurpassed in the detection of fine opacities of the vitreous and slight changes of the retina and optic nerve.

Liebreich's Ophthalmoscope

Fig. 3

Having discovered the ophthalmoscope and explained the optical principles involved, Helmholtz was content to allow other observers to improve the practical details of the instrument. The first step in this direction was made by Ruete (1852), who, in order to increase the illuminating power of the instrument, substituted for the three plates of glass, a concave metallic mirror, with a central perforation for the eye of the observer. Liebreich's ophthalmoscope, which, until quite recently, was the one most commonly used, consists of a concave mirror about 1¼ inches in diameter and 8 inches focal length, with a central opening from 2 to 4 m. m. in diameter, see fig. 3. Behind the mirror which is fixed upon a short handle, is a small clip for holding a convex or concave lens. The original "Liebreich" had a metal mirror bevelled to extreme thinness about the perforation, to prevent the interception of the peripheral light rays. The mirror of the later models is made of thin glass with a central opening secured either by cutting a hole in the glass or removing the silver from the central portion of the back of the mirror.

The Binocular Ophthalmoscope of Giraud-Tuelon.

This ingenious instrument of Giraud-Tuelon solved the seemingly impossible problem of gaining a binocular view of the fundus. Taking advantage of the principle involved in the construction of the binocular microscope, the inventor placed behind the opening of a mirror two rhombs of glass, with their edges meeting on the vertical diameter of the opening and their surfaces ground to afford a complete double refraction at angles of forty-five degrees. By this means the rays proceeding from the fundus were divided and gave a binocular image. As originally constructed the distance between the ocular openings could not be lessened or increased, hence the instrument was useless unless its width accurately corresponded to the distance between the eyes of the observer. In the improved instrument, see fig 4, the left hand rhomb, A, is left entire; but the right hand rhomb is divided into two portions, B and C, the outer of which is moveable, and is governed by the screw, V. By this means the distance between the two images can be regulated to suit various observers. In using the instrument the lamp is placed above and behind the patient.

The chief advantage claimed for the binocular ophthalmoscope is that the details of the fundus are brought into relief. This would enable the observer to note the exact position of hemorrhages, exudations or collections of pig-

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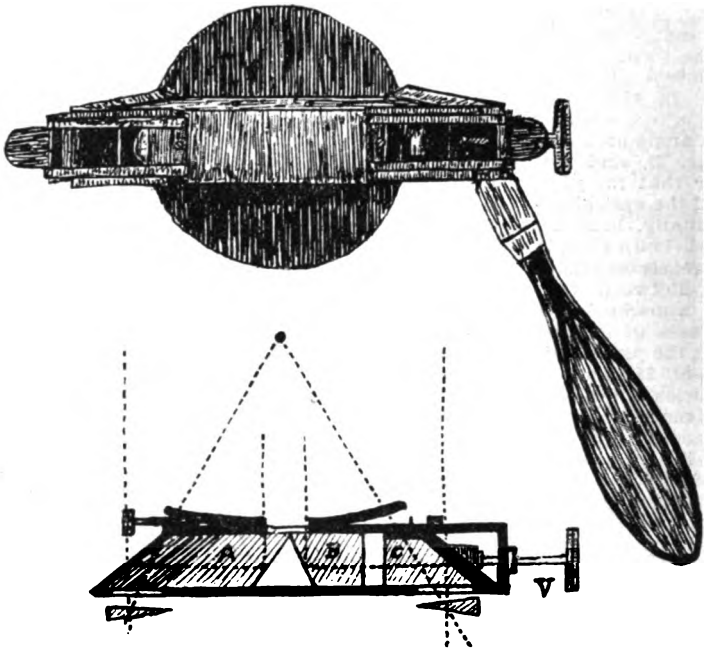

Fig. 4. Binocular Ophthalmoscope of Giraud-Tuelon.

ment and determine accurately the amount of cupping or swelling of the optic disc. On the other hand the instrument is clumsy, difficult to use, causes fatigue of the eye muscles in an endeavor to secure a binocular image, and in other ways is so far inferior to the monocular ophthalmoscope that it is not used and may be regarded as little more than a curious and ingenious instrument.

Refracting Ophthalmoscopes

As soon as observers recognized the value of the ophthalmoscope as a means of diagnosing refractive errors, a very great improvement in the instrument was made by placing behind the mirror a series of lenses in a revolving disc. The space at our disposal will not permit a description of the many fine models now on the market, but we will mention two instruments which in our judgment combine, to a marked degree, the good points of all, and which are generally preferred, one in this country and the other in Great Britain.

The Loring Ophthalmoscope

The early model of the Loring ophthalmoscope, see fig. 5, consists of a concave stationery mirror with a central aperture embedded in a metal plate. Behind the mirror is a disc containing convex and concave lenses numbered in the metric and inch system. In other words, it is a "Liebreich" plus the revolving disc. This instrument is a useful one for the general practitioner, is not expensive, and for diagnostic purposes, all that is required. Those physicians whose special work requires the constant use of the ophthalmoscope, usually prefer the latest Loring model, see fig. 6 and 7. It consists of an oblong concave mirror swung upon two pins in such a manner that the mirror can be tilted 20 degrees to the right or left. The perforation is from 3 to 4 m. m. in diameter and with practically no depth. This does away with the annoying reflections noticed when the perforation in the mirror has a thick, broad edge. At the back of the frame which supports

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Fig. 5.
Loring Ophthalmoscope.
(early model)

Fig. 6.

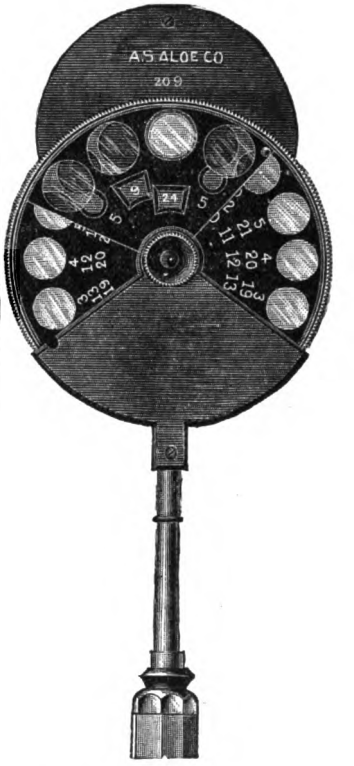

Fig. 7.

Loring Ophthalmoscope.
(latest model)

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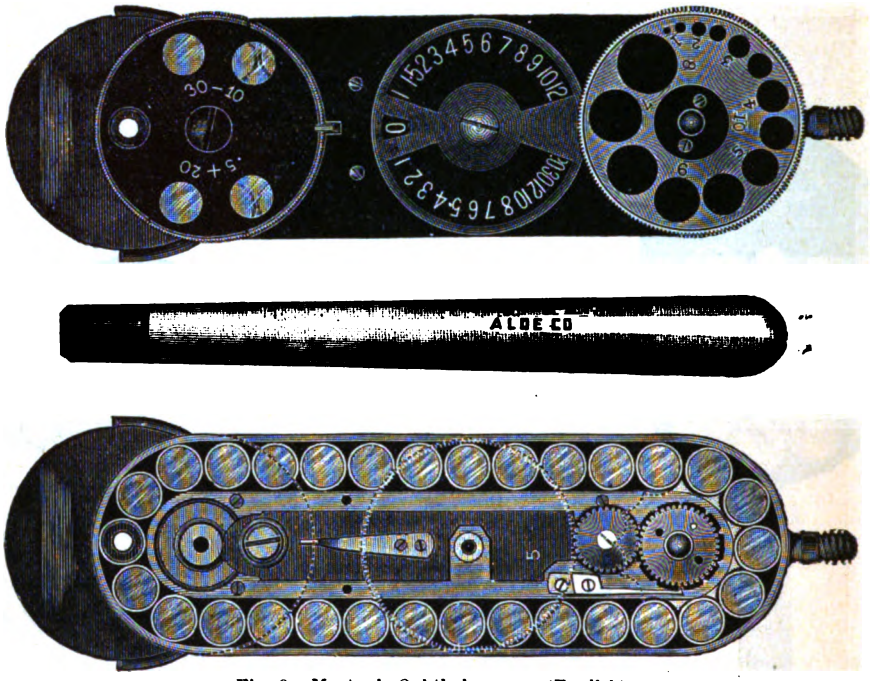

Fig. 8. Morton's Ophthalmoscope (English)

the mirror is a disc containing fifteen lenses from 1 to 7 plus and from 1 to 8 minus, and a quadrant containing four additional lenses, plus 0.5, plus 16 and minus 0.5. minus 16. The first row of numbers beneath the glass shows the strength of the lens; the second and third row show the result of any combination up to plus 23D and minus 24D. The convex lenses are numbered in white and the concave in red.

The Morton Ophthalmoscope

Morton's ophthalmoscope, which is well shown in fig. 8, consists of twenty-nine separate lenses enclosed in an endless groove and propelled by a driving wheel situated at the lower end of the frame. At the same time that the driving wheel propels the lenses, it rotates a disc on which, at a certain aperture is indicated the lens presented at the sight hole. The red numbers represent convex and the white concave lenses. In addition to the lenses just mentioned are four others, set in a separate disc which are for use on special occasions. On the front of the instrument is an arrangement similar to the nose piece of a microscope revolving on a central pivot and carrying three mirrors. At one end are a plane and a concave mirror set back to back in one mounting and are reversible. At the other end is a small slanting mirror of three inch focus. A pupilometer is set in the face of the driving wheel. This ophthalmoscope is a beautiful piece of mechanism, runs smoothly, does not get out of order, balances well in the hand, is light and packs into a small compass. From the fact that the driving wheel is three inches below the sight hole, the physician's hand is out of the way, and the lenses can be rotated easily without interrupting the examination.

J. Ellis Jennings, M.D.

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Editorial Department.

The Phthisical Patient Himself.

THE individual characteristics of the phthisical patient, apart from the lung lesion, has much to do with the probable results of treatment, and should receive more consideration than is often given them, whether the patient is intended to undergo a course of medication at home, or be sent abroad for the purpose of climatic treatment. Whether those predisposed to consumption are as a class more unstable of purpose than others, or whether the existence of this disease, even in its incipiency, makes them so, it is certainly true that as patien s they are most difficult to direct. Apparently as many consumptives are the immediate victims of their disregard for the ordinary precautions necessary to effect a cure as to the disease itself. This is true at least in mountain resorts. The erratic patient may in an hour exhaust the accumulated energy of months, and aside from the time lost this disease brooks relapses poorly. The case of a young physician who went to Colorado from an Atlantic city will serve to illustrate this. He had regained a degree of health which permitted him to practice his profession for two years, when he gave way to an impulsive desire to scale Pike's Peak, after which he lived but a few months, his decline clearly dating from the day the feat was accomplished.

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In no disease is individual judgment and discretion of more importance as a prognostic than in phthisis. It is almost useless to send from home for climatic treatment a patient lacking in self-government, unless they can be accompanied by a care-taker, who possesses those qualifications. The younger invalids, who have developed the disease at an age when the companionship of those their own age is so highly prized, and out of which attachments have arisen, adapt themselves but poorly to a life among new associates. The more fashionable resorts, with their dancing parlors and evening dinners, are more attractive to this class, but yield the poorest results, the reasons for which have become obvious with the knowledge that freedom from excitement and physical rest are two of the essentials of treatment. Physicians succeed best in the cure of consumption who comprehend that the fundamental purpose of treatment is the patient rather than the disease. In this disease, as in no other, the physician should pose as nature's assistant.

The successful treatment of phthisis pulmonalis involves exacting attention to details, and it is because of the neglect of these precautions, and the ofttimes impossibility of carrying them into practical execution, that the treatment so often fails of cure. No benefit from treatment can expect to occur in the patient, who is told that his depreciated health is due to "a little throat trouble," or that his "lungs are sound as anybody's," when in reality the pretubercular stage is manifest, if indeed tuberculosis is not actively progressive. This very common disease more often fails of diagnosis in its incipiency than any other, and in no disease is its early recognition of such vital importance. It is this primary condition, the pretubercular stage that physicians must train themselves to diagnose, and lay before their patients with all the probabilities in its course of development. This must inevitably become a prominent department of the newer science of preventive medicine. Then with an appreciation of the pending disease, and the co-operation of the subject, who yet has strength enough to be physically independent, results would be infinitely more creditable to the profession of medicine.

It would seem that greater difficulty would be experienced in convincing a patient that consumption existed in its incipiency than later, when its indications become more manifest, but experience does not prove this; the incipient cases more readily change vocations, take up their residences in a climate better adapted to their condition, or more faithfully follow general lines of treament, because of the hope that is within, than do those who foresee at most a prolongation of life with invalidism. Consumptives are rarely surprised when informed of their condition, yet they may persistently deny the nature of their malady, from the delusive hope that goes with no other disease, and endeavor to impress this belief upon others, although so despondent as to make the faithful observance of directions extremely uncertain. Aside from the fact that this disease is infinitely more amenable to treatment in its incipiency, an early diagnosis with a clear statement of it to the patient, finds ample justification in the co-operation that may then be expected from him, but which later he may be unable to give. H. W.

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A Well Qualified Physician.

THE U. S. Bureau of Education has recently issued its report on medical education. It is timely, and presents the subject in the light of modern ideas. It says that nothing has contributed so much to the advancement of medical education in the United States as the establishment of State licensing boards. Further, that to Illinois is due the honor and credit of inaugurating this movement, which has now been followed by thirty-five States and Territories, all of them contributing to a large extent in placing medical education upon a plane where it will reflect honor upon its followers. It was not many years ago when, in almost any State in the Union, any one could hang out his shingle as a medical practitioner, and charge as high fees as the best qualified physician in town. Medical knowledge and skill do not alone determine a physician's success; there are other things that help to decide it. Knowing this, the self-constituted physician, would put on an air of self-confidence, a good personal appearance, a cheerful and sociable disposition, and a happy faculty of making acquaintances, and these would go far towards securing for him a reputation as an able physician, and if united with a good degree of dependence on *vis medicatrix naturae*, he would enjoy many happy days of visiting patients, drawing a veil over ill-timed prescriptions, collecting good fees, and receiving high enconiums from warm-hearted friends. It may be said that the well qualified physician should also endeavor to possess these external requisites, that they are really an essential as restoring health to the invalid as a well selected prescription; but that is no reason why they should constitute the stock in trade; no reason why the confiding patient should be left to chance or to nature, when by the administration of proper medicine, convalescence would at once begin. But, *above all*, that is no reason why so far as can be avoided, and when perhaps a life is in danger, dependence should be had upon some one supposed to possess both knowledge and skill, when in fact he has neither. This only illustrates the ease with which deception can be practiced in the healing art, and why the governments of Europe and so many States of our Union have adopted regulations to secure at least presumptive evidence that medical practitioners are qualified for their responsible duties. The people have not sufficient time, as individuals, to examine into the qualifications of physicians, to say nothing of opportunities and knowledge necessary to properly determine such a question. Frequently, it is not until some member of the family has been suddenly taken sick, that the question arises, what physician shall be called, and the query is quite often determined by hurrying to the first drug store, and inquiring of the clerk for the nearest physician.

That brings to mind how one man, a new-comer in a town, thoughtful of the welfare of his loved ones, selected his physician. He called on the postmaster, and inquired of him which physician took the leading journals, and also if he bought new books. The postmaster replied, that Dr. B. was a subscriber to the leading journals, and had the reputation of being a student. Then said the man, "he is the physician for me, I want the student physician, not the man who has the years of practice, but does not read and thinks he knows it all."

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We believe a well qualified physician must not only be well educated, but must continue his studies beyond the college doors; he must read and be posted with the advances in medicine. He must be an attendant upon a working medical society—be a worker (not a medical politician) and forever keep in mind, that his first duty is towards his profession, if he wants to be in the list of well qualified men.

It will be the aim of the MEDICAL FORTNIGHTLY to aid this work of making well qualified men, by being ever mindful of medical progress and publishing original papers from the leaders in medical thought.

F. P. N.

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Let Us Be Natural.

THE freaks of fashion are passing strange. But a year ago, people were talking of the *fin-de-siecle* individual, and in keeping with their talk, were reading Ibsen, Beardsley, Nordau, Tolstoi and Lombroso. To them the erratic poet, the analytical novelist and the realist in art were the gods of the hour. The long-haired man and the short-haired woman were the representatives of the *fin-de-siecle*, and as such dictated the policy, whereby people tried to fool the world. Even physicians were led into their mystic circle, and as a result we had such books as "Psycopathia Sexualis" palmed off on an unsuspecting public. To be unnatural; to be odd; to be peculiar; to stir up all the startling rubbish and filth from the sewers of a degenerate race, seemed to be the purpose of the hour. It must have been a success, judging by the sale of the literature on such subjects. Beardsley has made a fortune; Ibsen sold like hot cakes; Nordau could not supply "copy" fast enough; Lombroso, to meet the demands upon him, had to borrow from other writers, and was convicted of plagiarism; the sales of Psycopathia Sexualis have been very large, and the lesser lights in literature and art coined money. Is this fad over? We believe it is; in fact we know it is, for society has reached its tolerance, and as a result nausea and vomiting have followed.

Now, the *natural* is coming to the front. Be natural, is the command sent out by the leaders of society. Follow *nature*, and do not be humbugged by the notoriety seeker. Tell the truth. Live up to the demands of nature and you will be happy. Nature is, after all, the only true guide for us all. If we would drop the artificial, and be good, we will have a good time. True love can only exist where the artificial does not exist. The abnormal in sexual life is responsible for ninety per cent of domestic unhappiness, and if we will analyze the writings of Ibsen and Tolstoi, we will find that it is the unnaturalness in sexual life which made their writings popular. Grant Allen is another one of those who gloat over a pervert, and try to make a hero out of him. To use a slang expression, such writings are *all "rot,"* and tend to make the world worse instead of better. We as medical men are called upon to plead for the natural; for true culture, and true happiness; for children at the fireside, instead of intrigues regarding gratification of sexual desire. A woman's soul is better saved from the foul filth of Grant Allen, by having one or two more children to care for, than to live in luxury and have her womanhood tarnished by the knowledge that she has been untrue to her divine mission. Let us be natural, or rather as nature intended we should be, and we will be happy.

F. P. N.

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The New Physician.

THE old idea that physicians should be doctors only, to the exclusion of every other interest, and that ignorance of affairs, municipal and social, indicated profound medical wisdom, is fast going out before the same public scrutiny which is discriminating between those old in the profession, whom experience has failed to teach, and those who are able to profit from the teachings of others, although not personal experience. No man can be greater as a physician than as an individual. Men without personal integrity have risen high in the ranks of their profession; have cultivated and possessed skill, for which they were celebrated, but because of the absence of those inherent qualities, which, when grouped, are called "character," their sun was suddenly eclipsed—people wondered for a moment, and forgot them.

The medical skill of a physician, alone, has never been sufficient to perpetuate his name. No matter how intricate the mental process necessary to a diagnosis, or how delicate a surgical maneuvre must necessarily be; another using the same methods perhaps, repeats the same process and arrives at the same results, and immediately the prestige of the pioneer is diminished. Men of a given period do not differ so profoundly in medical learning as to determine who shall leave a tablet inscribed to his memory in some niche of his alma mater, or who shall be remembered only by those of his own household. Attainment alone makes physicians in common with all other men noted; not sporadic achievement, so often accidental, but a life series of success, possible only to those who can distinguish the often ill-defined line separating right from wrong, the real from the seeming. This power to discriminate is the essential of medical result.

The success of a physician must be determined by those who come in contact with him, and although polish is an excellent passport, it is not always a letter of credit, his community will demand something more from him. It expects him to have an independence of character, and that he have an intuitive knowledge of the nature of humanity. The one must be inherited, and the other cannot be taught, but both are susceptible to a limited degree of growth, and the only field for their cultivation is in association with humanity. Not alone in the sick-room, of which he is the dictator, for years of this unbroken routine narrows a man, but in actual competitive contact with live men, whose every energy of mind is being bent in the success of some public project.

Not many such avocations are open to medical men. The exacting nature of their duties preclude it, yet an interest in extraneous matters becomes for this reason the more imperative. The demand for the present is for physicians who can creditably dispense the duties of citizenship, and who can be found actively interested in whatever may be for the welfare of their communities. Preventive medicine opens up a fertile field for the progressive physician, and although a financial disaster to him, the world is beginning to require that its physicians be more than a prescriber of drugs; that they be able to foresee the evil, and comprehension enough to occupy the honorable position of a trustworthy citizen, and scientific enough a well to apply the minutiæ of their calling.

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It is true that such exactions are very great, but they are being made, and only those will be selected from the armies graduated, who can meet the requirements. Those unwilling to lengthen their hours of labor, or lacking the essentials of character, will drift into other vocations, where the hours are fixed by organizations and men are known by number.

H. W.

PHYSICIANS of the present day well recognize that all therapeutics is not embodied in the administration of drugs; hygiene, with all its refinements, has become a part of their armamentarium, and of especial value is climatology. Climatology is now studied as assiduously as is the physiological action of drugs, and to apply it successfully physicians must become familiar with its practical principles. Recognizing the demand for such knowledge by the profession, the MEDICAL FORTNIGHTLY, ever ready to meet and supply the demand of its patrons, has inaugurated a department of climatology. It will be edited by our esteemed associate, Dr. Hubert Work, of Pueblo, Colorado, who, by reason of his location and extensive experience, will be able to keep the readers in touch with the latest facts in climatology.

Climatology.

IT was but a year ago, when St. Louis had the reputation of having more medical professors to the square mile, than the South had Colonels. Today Chicago bears that great honor, for in a recent canvas of the medical population of the Windy City, it was found that one out of every six physicians, has the privilege of adding professor to his name. Think of it, one out of every six, and how many colleges? Did some one say thirteen? They have two "sun-down" medical schools up there too, the lectures being delivered after six o'clock in the evening, so that men and women employed during the day may become medical students at night. Well, as there are so few physicians in Illinois, especially in Chicago, it is no doubt a good thing to introduce some such plan to keep up "the quota." Push it along. Chicago needs *a few more* colleges to give the few remaining or unemployed physicians, a chance to get another handle to their names.

Chicago as a Medical Center.

It is related that at a medical meeting recently held in that city, at one of the hotels, a bell boy who was sent to notify a professor that he was wanted at the telephone, put his head in the door, and innocently called out, "Professor you are wanted at the telephone," when low and behold the whole audience rose as one man and started for the door. The boy fainted. Yea, verily, Chicago is a medical center.

THE MORGAN COUNTY (ILL.) MEDICAL SOCIETY has decided to publish its transactions. The first number is at hand; it shows enterprise and bespeaks further activity and usefulness for this society, which is one of the oldest in the State.

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Original Department.

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Clinical Lecture

REPORTED EXPRESSLY FOR THE MEDICAL FORTNIGHTLY.

Skull Traumatism; Amputation at the Hip-joint.

BY WALDO BRIGGS, M. D.,

Dean of the Faculty and Professor of Surgery, St. Louis College of Physicians and Surgeons.

[OPERATIONS BEFORE THE SENIOR CLASS]

GENTLEMEN:—I will present to you a most interesting and instructive case, one which will show to you the great difficulties in diagnosis, especially in cases of injuries to the cranium where the condition of patient is such that it is difficult or impossible to obtain any history that would be of much value in locating a special lesion, either of the cranium or its contents. About the only history we can secure is that the patient is a workman, laboring near a small town in Illinois, and while chopping trees a limb struck him on some portion of the skull. As you notice him at the present time we see there is no indication of paralysis of either arms, legs, or muscles of the face. We notice no deviation from the normal of the pupil. The head having been thoroughly shaved we see no signs of a discoloration, abrasion or contusion on any portion of the scalp. On palpitation, however, we find at about the center of the parietal bone a slight elevation which seems to be of hardened tissue underneath the superficial structures forming a perfect ring with a central soft spot. We know at once, from experience in injuries to the skull, that this must be a form of enlargement known as hæmatoma, where some injury must have induced a hemorrhage underneath the superficial structures, the blood becoming firm and clotted, forming the dense ring that is so characteristic, and we should make ourselves familiar with this condition, for it might frequently mislead the surgeon in believing that a depressed fracture existed, when it may be merely clotted blood that can be readily molded and pressed away from its location, which could not be done, of course, if the clevated portion were bone. Now, in making a careful observation of the patient's physical condition, we find that he is semi-comatose—when we shake him he can with difficulty be aroused. When we question him in an attempt to secure a diagnosis, we find that there is verbal amnesia. In close examination of the face the muscles show no rigidity whatever, but one feature especially points to the location of a brain lesion—a clot or a depressed bone—and that is a strabismus of the right eye. In taking into consideration this abnormal feature and also the hæmatoma, with evident pain from pressure over the left parietal, we would conclude as a diagnosis that the condition was

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one of a fracture of the parietal bone with an absence of any great depression of the bone upon the membrane, and a possibility of more or less compression with impingment upon the dura of a blood-clot. The reason for forming this conclusion is, that a depression of any extent of the brain from bone would necessarily give more prominent symptoms, from the fact that a hard substance pressing immediately over the important centres would produce pronounced symptome, such as paralysis, dilation of the pupil, strabismus, etc. While compression from a clot, unless the clot was extremely large would not necessarily give any symptoms of importance. Now, having formed our conclusions, we see the necessity of immediate operative

WALDO BRIGGS, M. D.
SAINT LOUIS.

measures, not only to learn whether our diagnosis has been a correct one, but to relieve the serious condition of the patient, if possible. You notice that we have by shaving made the scalp surrounding as thoroughly aseptic as possible, having not only thoroughly scrubbed with brush and bi-chloride soap, but rewashed and scrubbed again with alcohol; now, for the prevention of hemorrhage that might obscure the operating space we have tied around the head, rubber tubing. We make the usual horseshoe flap with the apex of the flap about an inch above the ear. The incision is carried immediately to the bone, when we rapidly dissect up the flap with the adherent periosteum. On raising the flap we see at once at the site of this hæmatoma a mass of clotted, also partially fluid blood. We also notice

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a distinct line of fracture beginning near the anterior superior angle of the parietal and running obliquely downward nearly to the temporal, when the line of fracture passes backward to the coronal suture, then obliquely across to meet anterior superior angle, with some slight depression at the posterior part of the line of fracture. We next determine the method of making an opening at some portion of the line of fracture for the introduction of an elevator, and we might follow out the old method of trephining along the line of fracture for this purpose (having had a great deal of experience in the use of chisels and especially of the one that you see used at the present time, that of an ordinary carpenter's chisel with bevelled edge, with diameter of about a quarter of an inch, we will see at once the rapidity with which the elevated portion of a fracture is chiseled away, so we can readily pass the end of the elevator through into the opening. We now by depressing the handle of the elevator pry the bone from its situation, when we find directly underneath a clot of considerable size. As it is necessary that we remove the source of pressure, we widen the opening with a Ronguer forceps until we get above the circumference of the clot. In attempting to raise the clot we notice at once the tenacity with which it adheres to the dura mater, which requires a careful scraping with the fingers to dislodge it. We now merely wipe off with gauze the dura, and also clean out every little spicula or splinter of bone, when we at once bring down the flap, uniting by silk-worm gut sutures, leaving at the most dependent portion of the depression a narrow strip of gauze, to anticipate any suppuration. The wound is now dressed by the ordinary methods, the dressings held on loosely by capilene bandage.

(Ten days after the operation the patient had entirely recovered from the wound, healing by first intention.)

CASE 2. Edw. F., age 40. This second case is of as great interest to you as the one just operated on and dismissed, in that it is of common occurence of an inflammatory action of high degree within the medullary canal of the femur, or osteomyelitis. From the history presented to us by the patient, we learn that he received an injury from a fall striking the patella, the injury having occurred about six years ago. The patient as you see is greatly emaciated and exsanguine, and gives a family history of tuberculosis. On manipulation we find that there is bone ankylosis of the knee joint with the tissues and surrounding structures intensely hardened. The limb is flexed. He has been bedridden for the past five years, and during that time he has found the most comfortable position for the limb is to have it raised, and supported by pillows, and resting on the external aspect of the limb. From this position the pus accumulated in the surrounding structures has gravitated toward the pelvis, where we notice numerous fistulous openings just at the anterior part of the upper third of the thigh, about on a line with the trochanter major. On the introduction of the probe it readily strikes the bone where the direction of the fistulous tract passes downwards, and no doubt extends into the knee joint. Physicial examination reveals nothing to lead us to believe that tubercular deposits are other than local. Considering the local implications alone we conclude the only method of treatment left is the removal of the limb by amputation at the hip-joint.

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The condition of the patient, however, is precarious, and knowing that this major operation is of such a serious character, our prognosis is hardly a favorable one, but nothing else is left for us to do. I shall make a similiar operation, and an orgininal one, such as you have seen us make several weeks since, and which I believe is superior to any method yet devised. This method has proven to myself one in which the shock is not so great, as in the majority of other methods, and also one in which the offending member can be removed most rapidly, and celerity is, I believe, a necessity in an amputation of this magnitude.

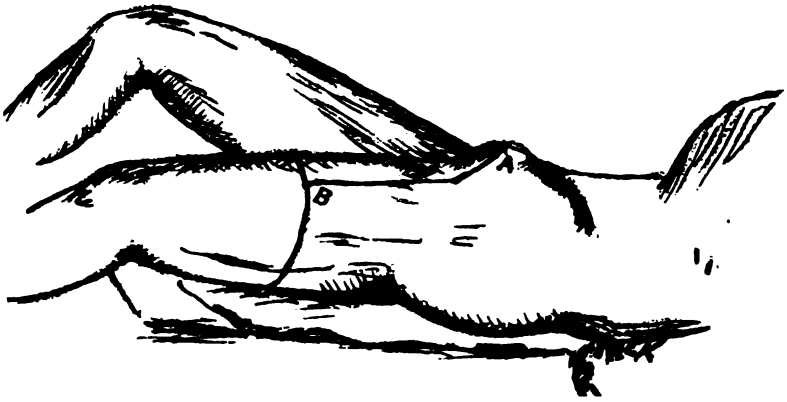

FIG. I. Showing the line of incision.

An incision is made from the anterior spine of the ilium obliquely downwards to about an inch anterior to the trochanters; extended vertically for three or four inches and carried directly to the bone. Incision is now retracted by suture retractors, and we pass the fingers under the fibres of the

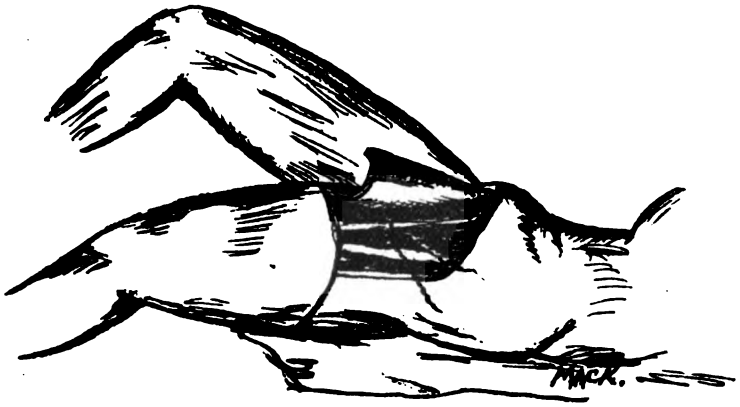

FIG. II. Showing the position of ligature on artery.

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sartorius, which can be readily distinguished, and feel for the pulsation of the artery. We apply a ligature on the artery in a line with the lower angle of the incision. A long bladed knife is now passed into the obdurator foramen, and the head of the femur disarticulated. We now amputate the limb by the transfixion method, entering the knife at the lower angle of the wound, when antero-postero flaps are formed of all tissues, and the limb, with the attached femur, is drawn outwards through the external incision.

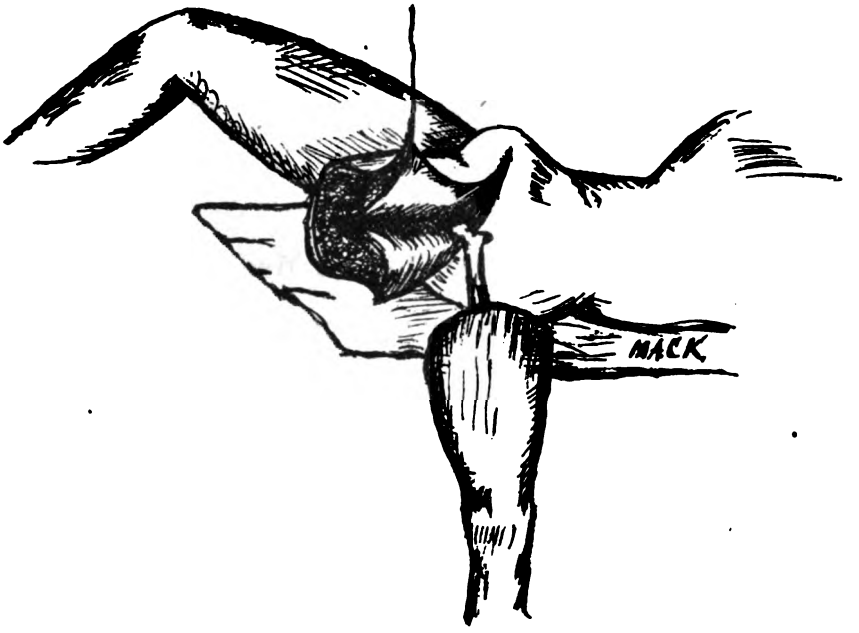

FIG. III. Showing method of removing leg.

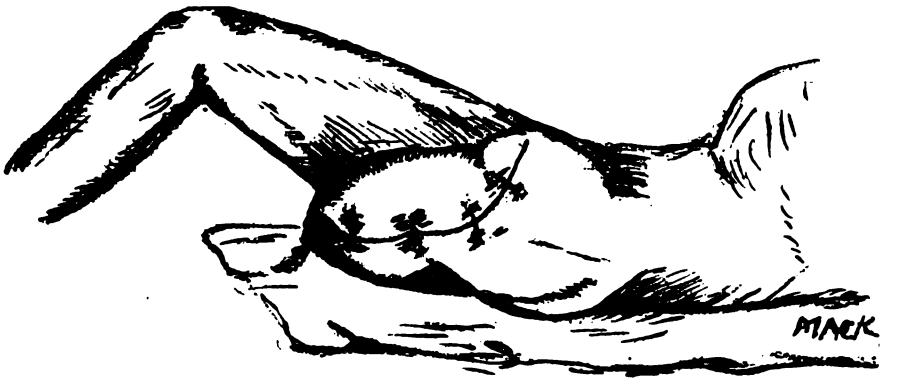

FIG. IV. Showing stump.

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The wound is now closed, with the drainage carried into the acetabulum; the outlet being about the middle of the external incision.

[From the third day after the operation, the patient's general condition was improved in every respect. Temperature a little above normal and every symptom favorable; hardly a doubt of recovery. See accompanying cuts].

Waldo Briggs

The Development of the Modern Medical College.

By W. J. Bell, Ph. D., M. D..

ST. JOSEPH, MO.

FOR several years I have thought of writing an article upon the subject of medical education, but have delayed for more careful investigation.

There is at the present time a crisis in our own and neighboring states in the development of medical education, and at such times sober judgment is not always found. Such epochs are not the most favorable for an article of this kind, especially where interviews and purported interviews by lay reporters with physicians are of daily occurrence, and carry with them the usual exaggeration and associated errors. I have myself felt keenly the injury that may be done by such methods of procedure, though making it an absolute rule of my conduct to at no time knowingly submit to an interview on professional subjects, however kindly I might feel toward lay reporters or the papers they represent. There is too much room for misrepresentation, too much chance for bombast, too much likelihood of error.

There are legitimate channels for the discussion of medical questions, viz., medical journals, and our profession will have made a great advance when its communications and advertisements shall be confined strictly to such avenues.

The medical college is at present the subject of closest scrutiny and of the greatest concern, both to those who teach and are taught, and also to those who have gone from educational halls into active practice. In the next five years many medical colleges in the West will surely die, and this is not a matter of disgrace to the West or its profession, but one of the necessities of development, a truly excellent illustration of the survival of the fittest in the process of evolution. A careful survey of the field of medical education will show in many localities the ruins of what once stood as a hall of medical learning.

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The advance of civilization, the changes in the center of population, have of very necessity changed the location of medical schools, or numbered them with the dead. The graveyards in which these departed schools lie sleeping are almost as numerous as the cemeteries from which their students and faculties once procured material for anatomical demonstration.

The sober weighing of a few of the fundamental principles of education as applied to schools of learning in the various professions will aid us greatly in accepting conditions as they develop and enable us to accept the situation graciously, though it may not be just what we desire or in accord with present judgment.

Literary schools have, with few exceptions, failed of success when founded in large cities. They have been successful when planted in suburban towns and small cities, and in comparatively small villages. To illustrate this, one needs only to mention Yale, Princeton, Cornell, Amherst, Wooster, Allegheny and a host of other successful institutions; even Harvard is out of the city proper. What the literary department of the University of Chicago, with its rapidly acquired millions may develop, is a question of the future, but I venture the prognosis, that its scientific, medi ical and legal departments will overshadow its literary.

Schools of theology and law thrive in the centers of population, and in our largest cities achieve their greatest success, and this is as it should be. To this, however, we have several notable exceptions, as Princeton, Cornell and Ann Arbor.

Medical schools, with only enough exceptions to prove the rule, die in small towns and cities, and flourish like the palm tree in the large cities of our land. Witness the great cities of America and their multiplicity of medical institutions—New York, Philadelphia, Chicago and St. Louis. The last, the smallest in population, the most strategic inland city on the continent from a commercial standpoint, and containing more medical schools than any city of its size in the world.

But we are not confined to our own country for evidence of the principles laid down in this article. Great Britain numbers among her institutions of learning some of the most ancient and honorable that the world has known—Oxford, Cambridge and Edinburgh have nurtured many of the greatest intellectual giants of our race. But Oxford and Cambridge are small cities; they are known and read of all menonly for their literary and and theological pre-eminence. It is barely known that either of them possesses a medical department. In literature London is not the peer of either of these seats of learning, while in medicine London and Edinburgh, large cities, each eclipse their literary rivals, and were until the German germ innoculated American physicians the mecca of our meandering disciples of Æsculapius.

But there is a limit even to our large cities in their ability to support medical schools. Their schools will die as a natural result. Their day of doom was foretold when the Western States, Missouri among the number, joined hands with the tardy East in raising the standard of medical requirements. In my judgment, in our haste to right a long-endured wrong, we have rushed along without due consideration of the exact status of affairs.

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Too much stress has been laid upon the purely medical side of the question to the neglect of a general education. It is unnecessary and unwise to lengthen the medical course proper. I believe three years amply sufficient for thoroughly trained men, and four years for men without a complete literary or scientific training, as evidenced by an examination or degree.

The State Board of Health in Missouri has fought against fearful odds for better primary education. They have accomplished something, and will ultimately achieve complete success.

A chain is no stronger than its weakest link, and the weak part of the rules laid down by the board in February, 1895, has allowed many to enter upon medical study in the past year whom the board intended should be kept out. The requirement most easily secured was, I venture to say, without statistics before me, the one presented by most matriculants, viz., a teacher's first grade certificate.

These certificates have not always been secured by actual examination. Some have been secured by political influence, others through friendship, and some from actual necessity. A first grade teacher's certificate properly earned is not an easy spoil. The examination is a task I would rather be excused from, and so would the majority of my professional friends I imagine if such examination were strictly honest.

The only just basis of entrance into schools and of introduction to legitimate practice, consists in an examination by an impartial and representative board. Such a system prevails with perfect satisfaction in many of our states and in Great Britain. Anything short of this will fail to give satisfaction, though it may be a step towards perfection. Such legislation will be death to many schools now run for revenue only.

The passing of the mushroom medical college is not a cause for mourning. It means the dawn of better things. It means that trained minds will take up the profession, and the polished gentleman be in the majority in its ranks. It will also serve to make men broader and more kindly, for breadth and kindliness are the fruits of true culture.

Men will be chosen to teach because they are teachers devoted to the development of medical science, and not simply fee-seekers. It means that there will be fewer cliques, and, consequently, fewer wars between factions. The bitterness existing between medical men and medical factions has its root deep bedded in illiteracy, and is the logical result of the system of education that has been in vogue. Too often medical men have forsaken the upright form of man, and temporarily, if not permanently, have returned to their primogenitors, the cats, dogs and wolverines. True medical progress seeks not degeneration, but development. It is the duty of every one claiming the sacred name of physician to honestly aid all efforts to raise the standard of medical education. Such efforts will not always be crowned with success. Too often state boards and individuals will meet with rebuffs, insults, calumny and ridicule from that class who seeing the hope of their gains gone will cry out against justice and truth, and seek by means known only to their kind, to defeat legitimate legislation, but in the end the right will prevail, a structure will be erected "more lasting than brass, more enduring than pyramids high." That structure will be a just system for the direction of medical education and practice.—*Medical Herald.*

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The Medical Fortnightly

When to Operate in Traumatic Injuries.

BY J. N. DIXON, M. D.,

SPRINGFIELD, ILL.

Read before the Capital District Medical Society of Illinois, at Jacksonville, Ill.

To introduce the subject, I will cite four cases occurring in my practice, with a short history of each. Each case different, necessitating different management, but all bearing upon that frequently difficult problem to decide, "When to amputate."

Before taking up these cases, it might be well to briefly take a general survey of the situation. The underlying principle which, under all circumstances, should govern the surgeon, is, "Amputate only when the parts are irrevocably destroyed; are useless, or are a menace to life, and never when the operation further jeopardizes life, or offers no hope of success, or relief." After deciding that an amputation is absolutely necessary, other difficult problems arise to be decided, Shall the amputation be done immediately after the injury; before the patient has recovered from the shock, or should it be delayed until the shock is passed and reaction has taken place?

Every case is a law unto itself, and cannot be successfully treated on iron-clad rules. Every case of injury presents individual characteristics, and no dogmatic rules can be laid down for its successful management. Every case has a history of its own, and should be considered individually in all its various aspects. A surgeon who does not possess sufficient ability to weigh each individual case and decide what is best to be done to save his patient's life or limb; who is not capable of thinking for himself and does not possess the courage to act upon his judgment and convictions, regardless of what "Professor Somebody" or "Dr. So and So" has said, has mistaken his calling, and God pity the unfortunate who fall into his hands.

Immediately after a limb has been mangled, it is frequently impossible to determine, with certainty, just how much tissue has been destroyed, or where the line of demarkation will form. We may go too far, or not for enough, and afterwards endure the chagrin of seeing the flaps slough, owing to having included in them devitalized tissue. When devitalized tissue is included in the flaps, no matter how thoroughly and antiseptically the work has been done, sloughing of the flaps is inevitable. Again, should our patient die during or immediately after the operation, it might be a question for a jury to decide as to whether his death was the result of the original injury, or the too hasty operation, done while the patient was under shock, or before he had fully recovered.

These and many others are difficult problems for the surgeon to decide, but decide he must, and often quickly, too, for all depends upon his ability, his good sense, and judgment.

While attending Professor Billroth's clinic, I saw him do an operation for traumatism. After the operation was completed he gave a short lecture on amputations from traumatism, and, among other things, said: "With strict aseptic practice and the use of Esmarch's tourniquet, a surgeon is at fault if he loses a case of uncomplicated amputation." This is strong language, but it came from one of our greatest, if not the greatest master in surgery.

When there is great shock and the loss of blood has been considerable, to operate while the patient is in this condition, will surely be followed by death. In such cases the operation should be delayed; the hemorrhage thoroughly controlled; intravenous injections of warm saline solution; the injured tissue removed; the parts cleansed, disinfected, antiseptic dressings applied, careful stimulation and feeding until the shock is passed and reaction sets in, then operate. But all cases do not suffer greatly from shock, and in many, comparatively little hem-

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orrhage occurs. In such cases I see no good reason for delaying the operation, and it has been my rule to amputate immediately, as soon as I can prepare for the operation.

Let me cite you the following cases taken from 108 amputations which I have done during the past twenty years. They fairly illustrate my ideas of "When and when not to amputate:"

Case 1—An immediate amputation was done.

Case 2—The amputation was delayed thirty-six hours.

Case 3—No amputation was done, although justifiable; limb saved by conservatism.

Case 4—To have amputated would have been a disgrace, if not a crime.

Case 1—"J. C.," aged forty-two, conductor on Chicago & Alton railroad, fell between the cars, wheels passing over both legs; the right, just above the ankle; the left, just below the knee, crushing bones and tissues to a pulp. Fortunately for him, the hemorrhage was quickly controlled by rope tourniquet applied by the trainmen. He was brought to Springfield, arriving in less than an hour after the accident, and taken to the hospital, where I was awaiting him. There was but little or no shock; no great loss of blood; pulse 90, strong, full and regular; mind clear. In less than an hour I had amputated both legs; the right, at the middle third; the left, above the knee. His recovery was uninterrupted; union by first intention; but three dressings were made after the first—on the tenth, sixteenth and twentieth days. He returned to his home on the twenty-first day after receiving the injury. In such a case there is no good reason for delaying the amputation.

Case 2—"G. W.," aged twenty-four; brakeman on Ohio & Mississippi Railroad, fell between moving cars, wheels pasing over left leg, just below the knee, thoroughly mangling it. Unlike the first case, the hemorrhage was not promptly controlled, and when he arrived at the hospital has was in a state of partial collapse; severe shock; pulse 140, weak and intermittent; profuse perspiration. Immediate amputation was not given a single thought; tourniquet applied, the crushed tissues cut off, parts cleansed and antiseptically dressed. Every effort was made to overcome the shock by judicious administration of whisky and strychnine hypodermically, all the hot water bags and bottles available were laid around and about him. Intra-venous injection of warm saline solution was resorted to with the most gratifying results. Three pints in all were used. The pulse grew stronger and less rapid, and continued so. The reaction was slow but steadily increased, and thirty-six hours after receipt of injury amputation was done above the knee. Union by first intention; was discharged on the twenty-eighth day, although the stump was perfectly well on the twentieth day. Had an amputation been made in this case immediately, death would have surely followed. I have had eighteen cases where the amputation was delayed from five to thirty-six hours on account of shock and hemorrhage; have had two deaths following amputations, both occurring a short time after the operation. I am frank to say that neither should have been operated on; they occurred years ago, when I was foolish enough to believe that it was a disgrace and a reflection if I did not "do something." I was young and ambitious "to cut."

Case 3—Fritz P., aged fifty-one; car repairer on St. Louis, Chicago & St. Paul Railroad; fell between the cars, wheel passing over right arm, extreme upper third. When seen at the hospital, a few hours after the injury, there was extensive laceration of the tissues and a compound comminuted fracture of the humerus. The only tissue that was not lacerated was a strip about two and a half inches in width on the inner and backward aspect of the arm. It was only by this strip that the arm remained attached to the body. Fortunately for him it was so, for along this strip ran the brachial artery and ulnar nerve, still intact. The laceration of the tissues was extensive and deep; the bone crushed into many fragments, and the location of the injury was so close to the shoulder as to almost preclude the advisability of attempting to save the arm. I realized that should gangrene set in in the upper part, there would be no chance for an amputation, and death would surely follow. Fritz pleaded piteously

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that his arm be saved; saying that "death would be preferable to losing it, for without it the poorhouse would be his home." I confess my feelings were greatly worked upon, almost to warping my judgment, but after mature deliberation, I determined, if possible, that the arm should be saved. I resected three and one-half inches of the humerus; forced the lower bone up until it met the upper; wired them together with silver wire; trimmed off all the ragged, lacerated tissues; packed the gaping cavity with iodoform gauze and dressed the whole antiseptically; placing the arm in a galvanized iron splint, extending from hand to shoulder, across the back of the neck to the opposite shoulder, to keep the weight of the arm from pulling the bones apart, otherwise the wire would not have held them together. At the expiration of three months he was sent home with a useful (if not a beautiful) arm; a triumph to conservative surgery. I will not live long enough to forget the day of his departure; with his right hand he took mine, and with tears running down his wrinkled and honest face, almost incapable of speech, and with feelings of deepest gratitude, said: "God bless you, Mister Doctor; God bless you." Fritz's "God bless you, Mister Doctor," was the only fee I received in the case, but the shake of the hand we had saved; the fervent expression of his gratitude, a thousand times repaid us for our work. Truly, 'twas a magnificent fee.

Case 4—M. C., aged sixty-two; was run down by an Illinois Central engine and the right leg terribly mangled. I saw him within a half hour after he was injured; applied tourniquet to arrest the hemorrhage, which had been great. He was suffering from profound shock. One who has ever seen an injured man in profound shock will never forget the expression of the countenance; the extreme pallor; features pinched, eyes glassy; face and body covered with a profuse; clammy perspiration; respiration labored and sighing; pulse weak and thready; mind wandering, every indication pointed to a surely approaching dissolution. Nevertheless, we began our efforts to sustaining life; stimulants, whisky, strychnine, digitalis, hot water bags and bottles were used. His family and friends clamored for an opinion of his chance for recovery; in answer, I said he had none. In my judgment, he would die in a few hours; they urged upon us to operate, and not let the man die without doing something, and upon our refusal to do so, we were asked to retire from the case, which we did. My successor, licensed to practice medicine and surgery, took charge of the case, and in less than an hour had amputated the limb, but before the stump could be dressed the patient quietly passed to "that undiscovered country from whose bourne no traveler returns."

I say, without hesitation or mental reservation, that a surgeon who operates regardlessly, merely to secure a little notoriety or a fee, knowing perfectly well that death will follow, or that there is absolutely no possibility of prolonging life or securing immunity from pain, is no better than a common thief, and is a disgrace to the honored profession to which he belongs.

In conclusion, I desire to say that I have endeavored to answer that difficult question, "When to amputate in traumatic injuries," to the best of my ability. If I have succeeded, without boring you, I have accomplished my purpose.

THE AMERICAN MEDICAL ASSOCIATION meets in Atlanta, Georgia, May 5th, and all delegates to this society should embrace the opportunity of visiting "Lookout Inn," a magnificent and historic spot on the crest of Lookout Mountain, overlooking Chattanooga, Tenn. A special invitation is extended to physicians to spend a week with us, en route to Atlanta, and a complimentary rate will be made for the occasion. Trains up the Mountain make close connections in both the Central and Union Depots, Chattanooga, running through to the Inn without change. For further information and handsome, illustrated booklet, address M. S. GIBSON, Lookout Mountain, Tennessee.

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The Medical Fortnightly

The Prevention and Treatment of Pelvic Inflammations in Women.

BY T. N. RAFFERTY, M. D.,

ROBINSON, ILL.

When we rightly comprehend the fact that the woman who has had her tubes, ovaries and uterus removed is no longer a woman, in the sense that most, if not all women, desire to be as others of their sex, whether married or single; and when we further consider the vast number of women thus mutilated, wherever gynecology is practiced, the fact is appalling. The remedy lies not in the censure of the gynecologists, who, in thus operating, have been giving to these women, in most cases, the only hope of a life at all endurable, but in preventing, while it may be done, the ravages of disease that make, at last, such mutilation necessary. Pelvic inflammations constitute a very large proportion of the diseases of women (2). These inflammations are in a vast majority of cases either the result of puerperal sepsis or gonorrhœa, and have their origin in parts that are easily reached, and can be most thoroughly, radically and successfully treated. Being either puerperal or gonorrhoeal in their origin, the general practitioner is usually the first to see and treat these cases, and it is because of the faulty methods then practiced that septic and specific endometritis are allowed to extend to tubes, ovaries and pelvic cellular tissues, thus laying the foundations for a life of chronic invalidism; one of such pain and discomfort that life is a burden until the diseased organs are removed. The relief thus afforded is not always certain, the condition after operation being often more deplorable than before. We find such women are frequently hysterical, subject to headaches, neurasthenic, with all that name or condition implies, have melancholia, atrophy of vulva and vagina, with painful coition, a condition that to many women is worse than death itself (3).

Improvements in gynecological surgery during the past fifteen years have been truly wonderful, so far as operative technique is concerned, and on account of the great interest that is always manifested for brilliant achievements in surgery, we have sadly neglected the more important part of our work as physicians, the prevention of diseased conditions that render future mutilation necessary.

Instead of so many brilliant operations which are reported with much eclat at every meeting of physicians, "how much better it would be if we could succeed in getting up an almost universal (4) fashion in our profession to prevent many, yes, most of these cases."

In hospital cases in the large cities a majority of pelvic inflammations are probably due to specific infection, while in the country more of them have their origin in septic puerperal infection. It seems well established that the gonococcus has in many women little pyogenic power, producing only catarrhal inflammation. The tubes thus affected are dense, thickened and hard, and as a rule do not contain pus (5). These are the more chronic cases in which there are frequent recurrent attacks, and the condition of the tissues is all the time favorable for the continuance of the infection. The pyogenic power of the gonococcus is never as intense as that of either the steptococcus or staphylococcus, and hence the danger to life in acute gonorrhoeal infection of uterus and tubes is almost nil, as compared to the danger from puerperal septic infection of the same organs. In case the infection is gonorrhoeal, the first step is a vaginitis, but the endometri-

(1) Read before Crawford County (Ill.) Medical Society.
(2) American Text-Book of Gynecology.
(3) Pryor, New York Medical Record, Dec. 14, 1895.
(4) W. Gill Wylie, Medical Record, Sept. 21, 1895.
(5) Pryor, Ap. Cit.

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um is soon reached, while if the infection is puerperal, the point of attack is almost invariably the endometrium. From there the road to the peritoneal cavity, through the fallopian tubes, is a direct one, and, except in rare cases, where the infection, if a septic one, is through the lymphatics, this is the route taken. It is for this very reason that proper treatment of these cases, if instituted in time, promises so much in the way of saving the tubes and ovaries, and even the uterus itself, from the ruthless hands of the surgeon. Taken at the very start, an endometritis, whether septic or specific in its origin, is easily and quickly cured. After the infection has reached the tubes or peritoneum, an entirely different and more difficult problem is at once presented, but even then it is, in the writer's opinion, based on a considerable experience in such cases, often possible, without removing any organs, to cure the conditions thus presented, or at least to so mitigate them as to make the woman a comfortable life and a useful member of society. By prevention of pelvic inflammations we mean the prevention of infection in puerperal cases by following the strictest rules of asepsis in all lying-in women, thus preventing all pyogenic microbes from being carried into the parturient canal; and also, sepsis having occurred, its cure before the process has passed beyond the uterus. The methods of asepsis necessary to be employed in the conduct of a labor are too well known to require any elaboration in this paper, but modern methods of successfully treating both septic and gonorrhoeal endometritis and their baneful consequences have not as yet become popularized to the extent which their importance merits. Pelvic inflammations being in all cases due to pyogenic bacilli, methods of treatment, whether prophylactic or curative, must of course have for their primary object the removal or destruction of these germs, whether they are the streptococcus and staphylococcus, or the gonococcus. With this object in view came the treatment that has been advocated for several years by obstetric writers and is still strenuously upheld by such prominent men as Garrigues (6) and Wylie (7), namely, that of frequently repeated intrauterine irrigations with antiseptic solutions. Of these Wyle prefers a "1 to 60" or a "1 to 100" solution of Calvert's Carbolic Acid (8). Others use creolin or "1 to 5,000" bichloride of mercury solution. These douches are to be repeated hourly for six or eight hours, and are to be accompanied by the removal with the fingers, or a dull curette, of any clots or fragments of decidua that may be present.

The more modern and radical treatment is that proposed by Pryor and Krug, and so ably advocated by Grandin and Jarman (9) and many others. This treatment consists in the thorough curettement, with a sharp curette, of every septic uterus, followed by irrigation with antiseptics, and packing with gauze to insure drainage. If the symptoms are not much ameliorated, or if the temperature again rises, the curettement is to be repeated. The gauze in any case should be removed in twenty-four hours, the uterus again washed out and fresh gauze inserted and allowed to remain from twenty-four to forty-eight hours. After some experience with both of these plans of treatment, the writer is led to believe the latter is the more efficient. If properly done it is believed to be entirely devoid of danger. Done by awkward hands and without proper care, it might prove a hazardous proceeding, and would better be left undone.

The advantages of treatment by curettage and drainage are its thoroughness in removing all germs, and, in fact, that it is better borne than the frequent disturbance by douching every hour "an already sick and nervous woman." By douching, only a superficial washing out and destruction of germs is possible, and those situated more deeply in the mucosa are not disturbed.

In gonorrhoeal endometritis the same treatment is indicated, but as gonococci do not penetrate so deeply into the endometrium as do the streptococci —their natural habitat being the urethral and vaginal mucous membranes

(6) American Text-Book of Obstetrics.
(7) Proceedings American Gynecological Society, 1895.
(8) Ibid.
(9) Obstetric Surgery, page 181 et sig.

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—the irrigation may be sufficient in these cases.

Failure to cure incipient septic diseases of women arises from failure to locate and reach the exact seat of the affection. Curetting cures if every vestige of diseased tissue can be reached and removed (10). Those opposed (11) to the use of the curette in these cases base their objections on the supposed fact, as observed by Bumm (12) and others, that the germs, which are the active agents in the infective process, are frequently shut off by a "protective zone of granulations in the uterine mucosa," and claim that destruction of this zone by the curette favors a re-infection.

This fear, however, seems not well founded, as is evidenced by ample clinical experience, which is better than theory. In the Congress of American Physicians and Surgeons at Washington. D. C., in May, 1894, Dr. W. M. Polk said curettage and gauze packing were appropriate in all forms of endometritis and the most striking results were obtained in the face of acute septic inflammation of the uterus occurring after labor or abortion. Whenever there is any degree of congestion of the uterine walls, there is need for depletion, and this can be best effected by gauze packing, which excites uterine contractions and thus affects the circulation in the organ. Polk says further that this operation of curettage and drainage is a positive advance in gynecological procedures, and has reported quite a number of chronic cases thus conservatively treated, who were in as good condition afterward as were a like number who had their adnexa removed, and mentally were far better.

Dr. Andrew F. Currier (13) of New York says of the treatment of these cases of acute septic metritis, "that there is but one form of treatment that commends itself to him, and that consists of curettage, irrigation and the use of the intra-uterine tampon. If the septic process has not been arrested in the uterus, and has passed beyond into the tubes and pelvic cullular tissue, it has been the rule that nothing less than the removal of adnexa promised any sort of relief." In a paper read before the Congress at Washington before referred to, Dr. William Goodell, of Philadelphia, stated that, in his opinion, few women had died from chronic disease of these organs, even when pus was present, and that more women died from radical operation than from the disease itself. Many of these women had been cured, he further stated, by curetting and draining the womb—others by the use of rest, massage, electricity, alteratives, and by local applications. In quite a number of instances conception and pregnancy have occurred and terminated favorably. This change of opinion in regard to these cases is further attested in the article on "Inflammatory Diseases of the Uterus" in the American Text-Book of Gynecology, where the rule is laid down that "all cases of tubal and peritoneal inflammation of uterine origin are to be treated by immediate and thorough curettement of the uterus, followed by gauze packing." This proceeding is the truly surgical one, if the same surgical rules are applied to this class of cases that we apply to like conditions in every other part and organ of the body.

In recurrent chronic salpingitis, curettage and gauze drainage, followed by vaginal incision and drainage of the cul-de-sac is recommended (14) as giving nearly always at least temporary benefit and much relief of local symptoms. The more acute the recurrence of sepsis in these cases, the greater the need for drainage, and vaginal drainage is ideal drainage (15). It is safer than to drain through the abdomen, as there is less danger of further infection. It is easier to do, is assisted by gravitation in being more thorough, and is attended by much less shock. If no pus is found, Long (16) recommends that the fingers be carefully forced into the sodden and infiltrated tissues, making drainage tracks for the septic infiltrate.

Pryor says that, while believing that in hydro-salpinx and pyo-salpinx a

(10) F. Henrotin, Chicago Clinical Review.
(12) Sajou's Annual, 1895.
(13) International Journal of Surgery, May, 1895.
(14) Pryor, Ap. Cit.
(15) Long Int. Journal Surgery.
(16) Ibid.

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radical cure can only be certainly accomplished by extirpation of the sacs, yet he has been both surprised and pleased with results obtained by curetting and packing the uterus in these cases, and then opening the cul-de-sac widely, and puncturing with scissors the distended tubes. These he opens widely as the pus escapes, they are then wiped dry with iodoform gauze, as is also the entire field of operation, and the cavities packed with gauze. Dr. Reclus, of Paris, believes (17) that extirpation of the tubes and ovaries for the relief of many of these cases is useless, and that relief may be obtained in other ways. He states that in his wards in the Petie Hospital they only operate on about one out of three patients who have undoubted oophorosalpingitis. Treatment is begun by thorough disinfection of the vagina and uterus, followed by dilation of the cervix and prolonged drainage of the uterus, packing, and, if necessary, curetting, the uterine cavity, the walls of which are treated repeatedly by topical applications of tincture of iodine, creosote or solutions of zinc chloride. In addition to these treatments, very hot water is used by the vagina and as a rectal enemata. Reclus believes that hot water in the rectum, by its accumulation in the ampulla, into which the internal genitals protrude, has a much better local effect than when applied in the old way by the vagina. These enemae are to be retained for half an hour, if possible, and repeated every morning. He states that many cases of perimetro-salpingitis are not only relieved, but permanently cured by this method of treatment. These various plans of treatment can all be carried out by any well-qualified physician of ordinary experience, without any extraordinary skill as an abdominal or pelvic surgeon, and do not necessitate the calling in of a specialist.

The methods of treating these cases thus rapidly gone over constitute what has been most appropriately called "a middle ground upon which we can all stand." The mid-wife treatment by poultices and enough opiates to mask all the symptoms, while the infection proceeded with its destructive work, needs only to be mentioned to be at once condemned. To resort to laparotomy in these cases, before a thorough trial has been made of more conservative means of relief, is both rash and cruel to a class of patients who are always ready "to grasp at the possibility of relief without mutilation." It is unsurgical in every respect, and merits the unanimous condemnation of every physician who believes the success of our art lies in curing, when possible, without any mutilation of the form divine.

Time and rest, especially sexual rest, are most important in carrying out successfully these methods of treatment, and much of their success depends in the ability of the patient to give her time for their proper application. It is most important that we insist on complete sexual rest for at least two months after every curettement of the uterus, since the endometrium is not fully reproduced in a normal condition before that period of time has elapsed.

In patients whose social conditions are such that perseverance in treatment and prolonged rest may be had, without detriment, very much may be done in most chronic pelvic cases by proper medical treatment, both general and local, and without resort to any surgical procedures whatever.

Such treatment, to be successful, requires, however, a large measure of patience in both physician and patient. The medicinal treatment that gives best results consists in keeping up free action of the bowels, in the administration of sedatives, as bromide of sodium (18), tonics and alteratives, and local treatment by hot water in vagina and rectum, applications to endometrium and vaginal vault of tincture of iodine, and the persistent application, every other day, of vaginal tampons saturated with a 10 per cent solution of ichthyol in glycerine. Since all surgery is mutilation, it is the opprobrium of our art that we are ever allowed to resort to it. "And while the aim of modern surgery is conservative, yet the glamour of success in antiseptic surgery has so dazzled many modern gynecologists as to make them spoilers, rather than conservators" (19). Let us not forget that the "destruction of a woman's ovaries means also the destruction of that crowning glory of womanhood—motherhood."

(17) The Medical Week.
(18) Skem. Medical Gynecology.
(19) Goodell.

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The Medical Fortnightly

A Case of Fatal Pulmonary Edema from Mitral Stenosis.

BY J. M. HALL, M. D.,

DENVER, COLO.

Professor of Therapeutics and Clinical Medicine, University of Colorado.

Fatal pulmonary edema in one not known to be suffering from valvular disease is sufficiently rare to call for the following report of such a case:

W. C., 21 years of age, clerk in a lumber yard, had suffered from no serious illness, his mother stating after death that he had not even had measles, while scarlatina and rheumatism could certainly be excluded. The family history had nothing of interest. A little over two years ago he ran for a train nearly a mile and apparently collapsed after boarding it, needing restoratives before recovery. Has noticed nothing since then to lead him to think he was not in his usual health, until some three weeks ago, when, without much warning, he had a feeling of much oppression in the chest, and began to spit up abundant serous fluid. It was slightly tinged with blood, so as to have a pinkish hue. The physician who cared for him at that time considered it an attack of hemoptysis. After recovery, he was about as usual for some weeks, and came to this city on Sept. 14 on a visit. He was then in good health and spirits, so far as outward appearances went, and in the evening went out with some friends for a walk. He drank a little beer before retiring.

About 10 o'clock in the evening he felt an oppression in the chest, and stated that he believed he was about to have another attack of hemoptysis. Shortly he began to raise the same kind of fluid mentioned as having been expectorated in the previous attack. Not supposing the trouble to be serious, the parents treated him as they had been told to do in event of a recurrence of the attack, but about midnight, becoming alarmed, telephoned me. Arriving at 1 a. m., Sept. 15, I found the following condition:

Patient was lying on his right side, expectorating, about every fifteen seconds, about a drachm of pinkish fluid, serous and somewhat frothy. Heart about 150 per minute, feeble, respiration from 40 to 50 per minute, lividity marked, chest absolutely full of moist rales; cardiac dullness displaced slightly to the right, but, owing to the dyspnoea and the rales in the chest, nothing could be made of the heart sounds. It seemed as if the fluid must come from a ruptured cyst of some kind, although had any suspicion existed of cardiac disease, a correct diagnosis might have been arrived at, had the case been seen earlier.

Cardiac and respiratory stimulants were given, and a consultant sent for. He was away from home, however, and the case was moribund upon the return of the messenger. No effect was obtained from the medication. Death occurred a little over an hour after arrival, from suffocation from the fluid, which accumulated faster than it could be expectorated.

Autopsy by Dr. Leonard Freeman eleven hours after death. Before opening the body, the cardiac dullness was more accurately traced, and was found to extend about an inch and a half to the right of the sternum, while it did not reach the nipple line by about the same distance. It was, however, less sharply defined than usual, owing, as we learned, to the edema of the lungs.

The lungs were extremely edematous, the right apex being almost devoid of air. Abundant sub-pleural ecchymoses. Pleural cavities contained much pale serous fluid. Heart weighed about twelve ounces; left ventricle slightly thickened, right side very markedly hypertrophied. Stenosis of mitral valve from adhesion of valve-segments, so that only the tip of the forefinger is admitted. Other organs negative.

Here, then, was a case of mitral stenosis advancing to fatal issue with-

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out symptoms to attract sufficient attention to lead to a diagnosis, although it would seem that the patient should have presented himself to his family physician after the former attack, when the condition could certainly have been easily made out. As to the immediate cause of the sudden edema, I can offer no suggestions, although it is stated that such attacks are more common in patients in whom the hypertrophy of the right ventricle is relatively very great. The pulmonary circulation being active, a weakening of the left heart from over-exertion or other cause brings about a condition in which the lungs are rapidly filled by the powerful right ventricle, while, from the combined effects of the mitral obstruction and the weak left heart, the blood has not sufficient opportunity for escape. It is obvious that the case, if seen earlier, when a correct diagnosis could have been made, offered a brilliant opportunity for free venesection, but physical exploration of the chest was nearly impossible with the patient in such distress as at the time of my visit. At this time it is doubtful if any treatment could have changed the result.

Correspondence.

Philadelphia Letter.

The municipal elections are over, and reform has suffered as usual. I speak of the election, because some of our prominent physicians have taken an active part in it. Such eminent surgeons as John B. Roberts and John H. Packard were candidates for the Select Council on the Municipal League ticket. Both were opposed by notorious ringster-politicians and were indorsed by the independent element of the dominant party, yet they suffered defeat. In Dr. Packard's ward there are over 125 physicians, who, if they had worked for his election, might have secured it. Many doctors were candidates for school directors, and some were elected. In some of the wards physicians were active in working for the reform party. It is a hopeful sign when men of intelligence and high moral character will occupy themselves with politics. Heretofore they were content to allow thieves and thugs to rule them. The "thieves and thugs" still rule, but the discontent is growing, and if the reform element will not be discouraged by defeat, but will persist in their efforts, they will win in the end.

Dr. Clara Marshall, Dean of the Woman's Medical College, was elected school director in the same ward in which Roberts was defeated.

Professor Fenton B. Turck, of Chicago, has been giving a series of lectures at Jefferson Medical College on diseases of the stomach and their treatment. These lectures were held in the evening and were for the benefit of physicians as well as students. Dr. Turck is an original man in many ways and has devised some very novel methods for treating gastric disorders. His double tube for washing out the stomach is similar to the double catheter for washing out the bladder, and therefore is nothing essentially new, yet its application is original. He thinks nothing of swabbing out the stomach with a brush—in fact, believes this to be the only way to effectually clean it.

We have also had a chance to hear Dr. Baruch, the eminent hydrotherapeutist from New Yor. Dr. Baruch spoke before the County Medical Society on "Exactness in the Use of Hydrotherapy." To order a bath or a cold bath was not sufficient, but one

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should prescribe the degree of heat required, the length of time it should be administered, and the degree of pressure the water should have. Dr. Baruch thought the failures in cold water treatment of typhoid was due to the fact that the method of Brandt was not followed exactly and in all its details. He held that water needed to be applied just as medicine, in regular and known doses. Dr. Baruch has had considerable success with the water treatment, but we doubt whether exact temperature, etc., of water are as necessary as exact doses of drugs, because water is so commonly used, the bath for instance, that what is a cold bath for one is not at all cold for another. The German soldier who plunges in mid-winter into the river to take a bath will surely not be affected by water of the temperature of 65 degrees in the same way as an American city lad who must have his Turkish bath every so often.

The chance of habit exercising an influence is greater in hydrotherapy than it is in drugs. This is also true that where a method of treatment becomes routine, i. e., exact and strictly according to "Hoyle," the results are less favorable. The human being is continually subject to variations, and each human being differs from every other one, hence mathematical accuracy in medical treatment is an absurdity. When any new treatment is inaugurated it is not successful from the fact that directions are carefully followed, but because exceptional pains are taken and extra attention is given to the patients under care. Every new remedy for tuberculosis is followed by some improvement in the chronic cases under treatment, because it inspires hope in the patient, it causes the nurses to devote more of their attention to such cases, and every little change in their condition is carefully noted. The doctor himself is more assiduous in his attention. As the novelty wears off and the interest slackens, the results are not as favorable. So it has been, and so it will be, because the personal factor is an unknown quantity and cannot be measured.

The new discovery in photography has received and is receiving considerable attention in our city. Pathologist Cattell of the University has experimented with the so-called "X" rays and obtained results similar to those reported from Germany. What this new method will do for medicine, no one can yet foretell. It has been thought that by its us we will be able to locate neoplasms in the internal organs, calculi in the kidneys and bladder. It will be interesting to discover if a new growth reacts different from the normal tissue. Of course, everybody seems to know just what these new rays are.

Dr. Welch, of the Municipal Hospital, has just issued his annual report, which shows that nearly 1,200 patients were admitted to the institution last year, the majority of which were diphtheria cases. Unfortunately, our city councils neglect to give this hospital the money necessary to make needed improvements. City councils act in the same way to the municipal water and gas plants, and then their usefulness under city management is questioned. Private management councils consider better, because private managers usually accompany their demands with "weighty considerations" exchangeable in current money.

We obtain fuel, food and water all in one compound furnished us through the mains of the city water works. By filtering the water after a rain storm we have left in the fielter an abundance of coal, which comes direct from the coal districts. And if by suitable chemicals we precipitate the coal, there will still remain plenty of live stock to supply us with food, to say nothing of the various extractions from the cemeteries along the course of the river. Thus, you see, we Philadelphians ought to be extremely happy with such natural resources furnished us in our very rooms.

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London Letter.

A considerable amount of interest is being excited over here by the application of the "new photography" to medical and surgical diagnosis, but before describing the results obtained, it may be well to say a few words as to the method employed, even at the risk of going over ground already known. A discharge from a large induction coil is passed through a Crooke's vacuum tube. The induction coil must be a good one, capable of giving a six or seven inch spark in air, and must be excited by a Grove's or Bunsen's battery, dry and bichromate cells not being much used. A street supply from the company's mains can also be employed. The Crooke's tubes is an ovoid, or pear-shaped glass, exhausted to a high vacuum and having two aluminium electrodes sealed into it. This tube is insulated by being suspended by silk threads and the electrodes attached to the poles of the coil. If the tube be screened by a close-fitting shield of black paper and the current switched on, a piece of card coated with platinocyanide of barium held in the vicinity becomes brilliantly fluorescent in a dark room. The black paper is, of course perfectly opaque to ordinary light rays, but other rays are evidently present which can pass through the screen. These rays are the new "Roentgen" rays, so called after the discoverer, and are capable of acting upon an ordinary photographic plate. The transparency of various substances to these Roentgen rays is curiously different; they pass readily through wood, cardboard, slate and aluminum, while sheets of other metals and glass are opakue. If, then, an iron key, for example, be placed on a closed dark slide containing a photographic plate, and the whole be exposed to the Roentgen rays produced in the manner described above, the rays will pass through the wood of the dark slide and will act on the whole photographic plate, except where the key is situated. The iron is opaque to these rays, and therefore the plate is screened from them under the key. On developing, a shadow of the key will be found on the plate.

Now, of animal tissues, bone is very opaque to the rays, so that it is possible to photograph the skeleton through its mantle of flesh. In this way, therefore, it might be possible to detect disease, injuries, malformations or displacement of bones by obtaining a photographic picture of them. At present, however, there are limitations to the method, for although an exposure of half an hour or so is sufficient to show the bones of the hand or foot, an exposure of several hours would be necessary for the femur—a length of time which would be impracticable to the living subject. We may, hope, however, that improved methods will overcome this difficulty.

Next as to the practical applications of the method. Mosetig, of Vienna, has photographed the injuries caused by a revolver shot in the left hand, and also a deformity of the great toe, and many similar results have been obtained in Germany and France. Here interesting cases under Dr. Abrahams and Mr. Robert Jones illustrate well the value of the new "photography" in diagnosing. In Dr. Abrahams' case a youth injured the last phalanx of his little finger with a cricket ball, and later on the joint became fixed in partial flexion. It was thought that there had been a fracture into the joint, with subsequent ossification. A Roentgen photograph, however, showed that a spur of bone had been thrown out, and on breaking this down the condition of the finger has become almost normal. But for the photograph the joint would have been amputated. In Jones' case a boy was shot in the left palm, and an exploratory operation failed to find the bullet. On taking a photograph this was found lying against the base of the third metacarpal over its articulation with the os magnum. (British Medical Journal, Feb. 22.) The metallic bullet being very opaque to the Roentgen rays, is easily photographed.

With regard to the behavior of other animal tissues toward the new rays, Waymouth Reid states that bone is the most opaque and cartilage the least. In the kidney, the cortex is far more transparent than the medulla, and in the brain, the white matter is more transparent than the gray. A slice of cancerous human liver showed no difference in transparency of the cancerous and normal parts. (British Medical Journal, Feb. 15.)

Richard T. Hewlett.

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Society Proceedings.

SECTION ON OPHTHALMOLOGY, COLLEGE OF PHYSICIANS, PHILADELPHIA.

A Stated Meeting of the Section on Ophthalmology was held in the Lower Hall of the College of Physicians, on 17th of December, 1895, Dr. Wm. F. Norris, Chairman, presiding. Present: Drs. Friebis, Hansell, Harlan, Norris, Oliver, Shaffner, Thomas, Thomson and Zentmayer, Fellows of the College; and Drs. Chance, Krauss, Perrine, Shoemaker, Sulzer, A. G. Thomson, and Zeigler as guests.

DR. GEO. C. HARLAN made some remarks upon the so-called "Corneal Reflex" seen in ophthalmoscopic examination by the direct method. Dr. William Thomson stated that he was very much interested in the paper, having made some experiments with both convex and concave lenses upon distant points of light, and had been able to obtain a series of both interesting and valuable entoptic phenomena by the use of artificial eyes or any small object with a small radius of curvature which was about equal to that of the human eye. He had been able to discover slight corneal haze and lenticular opacities. He considered that the method was of clinical value in determinations regarding the transparency of the various media of the eye.

DR. HOWARD F. HANSELL spoke of the entoptic appearance of vitreous opacities in uncorrected myopia; these totally disappearing when proper corrections are placed before the eyes. Dr. Charles Shaffner considered that some entoptic phenomena seen in myopia might be dependent upon disturbances situated in the intra-ocular circulation producing a low grade of engorgement and inflammatory reaction, and that vitreous opacities so caused, disppear only gradually or not at all.

DR. CHARLES A. OLIVER read a paper upon the "Therapeutic Value of Hydrobromate of Scopolamine in Plastic Iritis," in which he showed that for quick and active measures, which are so necessary in the incipient cases of this form of disease and during the early stages of inflammatory reaction, the drug is very important; but where prolonged use is necessary, as in many cases of the chronic form of the disease with sub-acute exacerbations, the good effect does not seem to be so lasting. For these reasons, he has learned empirically to depend upon the drug where prompt action is necessary, but where more permanent effects are desired, he alternates its use with that of atropine. This was discussed by Drs. Hansell, Harlan, Thomas and Shaffner, who inquired as to its relative value as compared with other mydriatics. To these queries, Dr. Oliver replied that in the dosages in which he had employed the drug, he had never seen any symptoms of poisoning, although in several of the cases in which he had used it freely, there were, at times, giddiness, incoordination of movement, and drowsiness. In regard to the question of intra-ocular tension, he intended to perform a series of experimental researches and to make a relative study of the other mydriatics with which the drug has been usually thought to be associated, or, in fact, considered identical.

DR. CHARLES HERMON THOMAS exhibited the latest and most improved form of Stevens' Tropometer, by which a magnified view of the cornea appears against an illuminated scale, thus allowing an observer the exact register in degrees of arc measurement of the movement of the cornea across the scale from any definite point, thereby giving an index, as it were, of the length of excursion that is performed by any series of extra-ocular muscles in order to obtain the extremes of motion in either the horizontal or vertical meridians. He considered the instrument of value in the estimation not only of the manifest and the latent types of heterophoria and heterotropia, but of value in the recognition of paretic conditions of the muscle groupings.

DR. THOMSON related a brief history of a case in which the instrument evolved an absolute distinction between the directions of faulty action in a vertical strabismus which could not be determined in any other known way. Dr. Thomas gave the details of a similar case, and stated that he had received a

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letter from Dr. Geo. T. Stevens in regard to the liability of error in the reading of the measurements that is apt to arise unless the eye is absolutely primarily fixed upon the point of fixation; this, however, he had in a great measure provided against by change in instrumentation, whereby the head of the patient is kept almost motionless by clenching a removable wooden bit between the teeth.

DR. WILLIAM ZENTMAYER exhibited a case and showed a drawing of a cilio-retinal artery in which the two main branches extended into the mascular region.

The Section then went into Executive Session. Upon motion, adjourned.

CHARLES A. OLIVER,
Clerk of Section.

NEXT!

Cohn says a single germ could, under good conditions, multiply in three days to 4,772 billions, and make a mass weighing 7,500 tons. Fortunately the "good conditions" are not a common commodity.

THE ENTERING WEDGE.

Gottingen has thirty-one women students this winter semester. They study history, mathematics, modern languages and natural history, and for the first time at this university a woman is studying medicine.

A SIMPLE TREATMENT FOR GRANULATED LIDS.

According to the London Lancet, the eminent Russian Dr. Neznamoff's custom in treating granulated lids is to paint the mucuous membrane of the lids with a solution of pure iodine mixed with liquid vaseline (oleum petrolei) twice a day. In chronic cases he uses vaseline containing from a half to one per cent of iodine. In about four days improvement begins and in about twenty a cure is generally effected.

Mr. Frederick M. Shepard, of East Orange, N. J., has given $10,000 to the Orange Memorial Hospital, for the construction of a pavilion for consumptives.

Dr. Daniel Lewis, of New York, presidena of the State Board of Health, has resigned the editorship of the American Medical Review.

A SUGGESTION IN THE TREATMENT OF NEURASTHENIA.

Patience is indeed required, both by the physician and the patient, in the treatment of neurasthenia. Especially is this true in that form where the lithaemic state prevails. Here there is danger of that chronic form resulting, which Dercum calls terminal neurasthenia, meaning by it that condition more or less hopeless, which has existed for years, and from which has resulted changes in the blood vessels, etc., producing an altered state of nutrition, which is largely due to the persistent toxic principles, which have not been eliminated from the blood. This altered or faulty metabolism affects the muscles by depriving them of the pure blood so necessary to their nutrition. It acts directly upon the nervous system by inhibiting normal function, and as it is persistent, it yields slowly, if at all, to treatment. When we notice that uric acid exists in such quantities in the urine of a neurasthenic patient, and that toxic principles generally can be eliminated by a free use of water, it is evident at once that the first indication is to administer water freely. To this end, then, we must direct treatment.

Remembering that nervous patients, as a rule, do not drink enough water, it is imperative that we insist upon a given quantity being taken at stated intervals. Further, we must use a water that is indicated in the lithaemic state, and as experience has shown that lithia water is the most serviceable, the writer uses by preference the Londonderry Lithia Water, of New Hampshire, because it contains a greater percentage of lithia water than any other water with which he is familiar. It is prescribed in not less than six to eight large glasses a day, taken in the place of all other drinks. It should be used throughout the whole course of treatment and recommended to be used long after the marked neurasthenic state has ceased to exist. Its action is highly satisfactory, and is in the line of removing waste products by a normal process. F. P. N.

Dr. Orville Horwitz has resigned the chair of Genito-Urinary Surgery in the Philadelphia Polyclinic.

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To Medical Editors: A New Departure.

Do Not Mutilate Your File Number of The Medical Fortnightly.

Editorial experience has taught us that those exchanges from whose columns we would most frequently "clip" some important item for reproduction, are the very journals we wish to preserve for our library. It is, therefore, with a view to meeting this indication among our brother editors, that we inaugurate a new plan for preserving intact the files of this magazine: With every "exchange copy" sent out will be inclosed a *duplicate* sheet, containing all the reading matter, but *printed on one side of the paper only.* The convenience and advantages of this plan will be readily appreciated, and we hope to see it adopted by our cotemporaries.

DR. GEORGE H. RICE has been appointed Surgeon Examiner on the Pension Board for Marion county, at Salem, Ill.

WE take pleasure in announcing that in an early issue, Dr. A. J. C. Skene, of Brooklyn, N. Y., will contribute a clinical lecture on "The Surgical Treatment of Retro-displacements of the Uterus." By reason of Dr. Skene's prominence as a practitioner, teacher and author, this lecture will be one of the strong features of the issue.

MISKEL, the new novel by Dr. Phillips, is receiving a cordial reception at the hands of the critics. *The St. Louis Medical and Surgical Journal* says: "This is a most interesting story, interwoven with romance and a certain touch of speculation which will appeal to every physician who reads it. The subject of hypnotism runs throughout the work of the tissue of the romance like a silver thread in some rich brocaded stuff. We do not wish to relate the story to our readers, as it would spoil the delicious pleasure of reading it. Suffice it to say, that not only every doctor will be delighted to read it, but his wife will be equally appreciative of the portrait drawn of Mrs. Howard, the Christian helpmate of the good doctor. We are much pleased to have an opportuntity of reading an advance copy of this interesting novel."

AN INVITATION.—*To the Medical Profession of St. Louis:* To every doctor who has an interest in pharmaceutical education, and appreciates true advancement of the students of the sister profession, the Alumni Association of the St. Louis College of Pharmacy, tenders herewith a most cordial invitation to favor us with a visit on the evening of March 23d, at 8:30 o'clock, at the St. Louis College of Pharmacy building, 2108 Lucas place. In the pharmaceutical laboratory there will be on this evening a general exhibit of pharmaceutical preparations made by the students of this department during this winter's session, and as this class of work is naturally of interest to the members of the medical craft, it is to be hoped that we will be honored by your presence, and have you inspect the work. In addition to the above invitation Professor Francis Hemm and his students in this department also bid you heartily welcome, and besides, the officers and Board of Trustees of the College would feel pleased to have you come. L. A. SEITZ, Recording Secretary; THEO. F. HAGENOW, President.

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THE MEDICAL FORTNIGHTLY is devoted to the Progress of the Practice and Science of Medicine and Surgery. Its aim is to present topics of interest and importance to the General Practitioner, and to this end, in addition to a well selected corps of Department Editors, it has secured correspondents in the leading Medical centers of Europe and America. News of Societies, and of interesting medical topics cordially invited.

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Editorial Department.

The Morals of Medical Men.

MEDICINE as a profession demands the very highest elements of character, to enable those who follow it, to attain their full power of usefulness. It is peculiarly a profession where the contact with family life, and with the home and friends of the community, is especially close. No one, not even the clergyman, gets so near the inner circle, and no one sees the family closet and its contents, as does the family physician. Such close relationship demands from the physician the very highest character to enable him to be entrusted with this knowledge, and to appreciate, understand and advise when disease, or what not, calls him into the sacred precincts of the family. A family physician must be more than a mere dispenser of drugs; be actuated by more than the money value of his services to his patrons, and above all, be capable of understanding that he has an influence for good or evil, which demands of him the exercise of caution, and to recommend that which will result in good.

It is a lamentable fact, that we frequently hear of a physician becoming the insinuating omen of evil, which gradually overcomes scruples, destroys confidence, wrecks family ties, and brings to the grave a life marked with shame. Who is to blame ? Largely the physician; he knew better; he was conscious of the evil, and perhaps lead on to the climax, the tragedy which

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he was able to have "nipped at the budding." Many of the scandals in which physicians figure could have been arrested before they were born, by the physician doing what he should have done, viz., the right, and kept clear of such entanglements. There are temptations thrown in the way of every physician, but surely he should be man enough, and have power enough, to pass them by.

We regret to see such scandals aired in the press. or before the courts, because they directly affect the integrity of the medical profession, as a profession. There is no profession which demands a higher order of integrity; we cannot afford to see it dobbed with mud by any one, for it affects us all. Oh! for a class of medical men who will recognize the profession as a sacred one, and their stay in it as the calling to them, to exert all their manhood to preserve, ennoble and beautify its integrity. But this is not to be, there are black sheep in every flock; so let those who recognize the high order of their calling endeavor to live so as to make the patrons of medicine recognize that it is a moral profession. F. P. N.

Another Divine Healer.

THE American people enjoy being imposed upon, especially by "quacks" in medicine. Shrader, the divine healer, has the distinction of being the latest to court public favor; he has been reaping a harvest among the "suckers" of Illinois. It is true his divine mask was removed by a person who knew of him as an impostor last year, when he solicited funds to rebuild a church in a town which did not exist; and another person said he had been a quack dentist, etc., but yet the dear public must chase after this fool impostor and call him blessed. The railroads, ever watchful to get a dollar for transportation, ran excursion trains to Alton to carry people to see this fakir. Strange is it not, that the public can be so easily hypnotized? We are not much further advanced than we were in the days of Salem witchcraft. The public would as easily believe Shrader was a witch, if the agitation if such an idea was undertaken, and they would as readily stone him to death, as they now run after him to get his dirty hands pressed on their handkerchiefs. The cases of hysterical paraplegia, etc., will continue to be cured under Shrader.

F. P. N.

AMERICAN MEDICAL ASSOCIATION NOTES.—Arrangements are being made for an outing at "Lookout Mountain" during the last week in April, and all members are urged to start for Atlanta a week earlier for this purpose. The management of "Lookout Inn" has promised a reduced rate to physicians, and Dr. Culbertson has called attention to the fact that spring chickens will be ripe about that time. Special trains will leave Chicago, St. Louis and Cincinnati for Chattanooga, due notice of which will be published in this magazine.

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Manhood in the Physician.

TRUE manhood is accorded admiration wherever it is found. It represents the highest development of character. Character makes the man. It is the manhood of Lincoln which survives; it is the manhood of Garfield which lives after him; it is the manhood of Philips Brooks which gives sweetness to his great character; it is the manhood of the late Dr. Comegys, of Cincinnati, which his professional friends would perpetuate, and it is the manhood in the fiction of MacLaren which makes the character of the "doctor of the old school" lovable. Man shorn of his manhood is nothing. He drops out of sight like the snuffing of a candle. Nothing worthy survives him. We do not need the study of biography to show this; it is evident in our every day walk of life. But the study of biography will show how this manhood has been developed, polished and made true. There is nothing which so enriches one's knowledge of human nature and its possibilities, as the study of biography, and especially of medical men.

We read of the study of biography in the schools of countries, whose history is full of heroes, the memory of whom they wish to perpetuate by the recital of their deeds of valor and bravery. There is an object in this hero-worship, and that is to encourage the youth of the land to love their country, and to be ready to die for it. Now, we all admire courage and bravery, but we admire, too, humility, grace, gratitude and unselfishness, the very qualities which make manhood, and the very qualities which enter into the make-up of the physician's character. Study him where you will, the true physician is marked by courage, bravery, humility, unselfishness, grace and gratitude. To him the profession of medicine is not a trade; to him medicine is a sacred calling, and to him the ways of the medical sharks, politicians and overly ambitious are but "ear marks" of the deprivations of the finer instincts of manhood. Study the biography of a great physician, give it to your sons to read; see the evolution of his character, and you will find he has triumphed over all his difficulties, and mounted the pinnacle of his enduring fame, through his manhood. We admire him in biography and in real life; he may be our competitor in business, but not a rival; we owe him allegiance, he gets it, because he is a man. F. P. N.

Is It Child Murder?

IT is astonishing to note the prodigality of human life which suffers in utero. Premeditated abortions are as common in this day of boasted civilization, as was the wanton sacrifice of the unfit in the days of ancient Greece. Today, even in the families of the leaders of society, in advancement in the arts, sciences and public reforms, methods are used to destroy fœtal existence, which are considered by them as perfectly right and proper, although the fœtus is viable, and perhaps several months advanced in development. Motherhood is not welcomed, and they would rather have the heinous offence of abortion come in to stifle their inborn instinctive love of children; put them on a par with the scarlet woman,

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than to let the processes of pregnancy bring to them all that the Wise Creator intended it should bring to true womankind—a maternal love, which binds them to their offspring, and leads them nearer to the ideal womanhood. The birth of a child in a family in this later day of the nineteenth century is looked upon as an affliction—the conception an accident, and the whole affair as a useless and exceedingly troublesome event.

Naturally the physician who gets behind the scenes, wonders how many accidental births there are, and farther, if such accidents ever receive motherly love and devotion from the woman who gave them birth. We cannot understand how a woman can deliberately insert a catheter, a hair-pin, or what not in her uterus with the avowed purpose of bringing on an abortion; and how they swallow drugs *ad libitum*, all at a great risk of life, just to free themselves of the inconvenience of child-birth. But, should some complication result, then they send for the physician and shoulder the responsibility upon him. The physician has to patch up her deviltry, and to throw the mantle of charity and secrecy over the affair. Which duty to the high-minded physician is trying, distasteful, and breeds a lothing contempt for such womanhood. Why should the physician submit so placidly to such an imposition? Why not say that he will report this case to the coroner, so that in the event of death, his good name shall not be tarnished by the idea, that he is an abortionist? Is it the physician's duty to conceal such atrocities, which are indeed acts of murder? If a woman wants to free herself of a child, let her kill one of her other children, and thereby lessen the possibility of killing herself too. Naturally, this may seem repulsive, because she may love her children, but why need she destroy a helpless being, a part of her own body, "flesh of her flesh, blood of her blood," who has claims upon her, which she should regard? It is deliberate, human murder and should be so regarded by every one who believes in the existence of a divine soul.

F. P. N.

Hot Water.

FROM time immemorial, the value of hot water in surgery has been appreciated. A more useful agent we have not, and yet how few there are who understand its real value. Reclus of Paris, is an ardent advocate of its usefulness, and at least once a year delivers a clinical lecture on this subject. He uses it in a variety of surgical cases, especially in the treatment of sprains. He combines the use of the rubber band, massage and hot water in his method. He urges that the rubber band be applied immediately after the accident has occurred, but not tightly; it is removed morning and evening, and hot water used freely. The sprained joint being placed in a hot plunge bath at 48° C. to 55° C. The heat assists in the absorption of the peri-articular effusion, and thus relieves pain. About ten minutes' immersion lessens the pain and renders the joint movable. Massage may then be practiced on the joint, after which the bandage is re-applied. This treatment is pursued until recovery takes place, which is within four to ten days.

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Hot water may be used in the attempt to save limbs injured by traumatic accident. By the following method, the patient, who is almost invariably in a state of collapse from the shock, pale, anæmic and cold, is placed on the operating table, where he is wrapped in hot blankets, only the crushed limb being left exposed. The skin of the latter is thoroughly cleansed, shaved, etc., the fatty substances removed, and the injured parts cleansed by hot water from a fountain syringe, which at a temperature of 62° C. (not any higher) is directed in a steady and continuous stream over the injured surfaces, under the detached parts of the wound, without exception. This is the only way of removing all clots and to wash away all foreign bodies, together with the micro-organisms they may contain. The advantages of hot water here, are first, antiseptic, micro-organisms cannot develop in a temperature of 62° C.; second, hæmostatic, oozing is arrested, etc.; third, it supplies heat, thus compensating for loss of animal heat, thereby preventing collapse, shock, etc.

Hot water douches may be used in hæmorrhoids, with invariable success. Also useful in acute prostatitis, and in women in menstrual troubles and minor pelvic disturbances. Use the hot water not as a vaginal injection, but as enema at a temperature of 40° to 50° C. The uses of vaginal injections, excepting as a cleansing agent for the vagina, is anatomically wrong. If you wish to reach the uterus, ovaries and oviducts, the water must be used by the rectum. The enemata are taken in the morning before rising. At first the quantity injected is small, this is done to prevent the desire to evacuate the bowel, as this desire subsides the quantity is increased. By the use of hot water enemata, the treatment of perimetro-salpingitis has been very satisfactory. The infiltration of the cul-de-sac disappears, the exudation and purulent collections are reduced, and the region becomes normal in condition. We will have more to say on the subject later.

F. P. N.

Compensation.

EMERSON, in his study of compensation, assures us that we seldom are actually losers in our own experiences in life, although we cannot at the time being recognize the benefits that are to accrue from them. We must accept this belief, that it will come out all right, because of our faith in the inevitable law of compensation. A physician has only this for his consolation (even if he is not Emersonian in his belief) many times during his years of practice, and especially does this apply to the earlier years of professional life. Did you ever calculate the amount of service required of the young man in medicine, for which he receives no monetary reward? Further, did you ever stop to notice the competition among young medical men for the privilege of rendering this service? There must be some reward, or is it a fact that unselfishness is such a prevailing trait that it is the desire to be unselfish, which makes them selfish? *There is* compensation, and it is not "for the glory" only, which actuates them to compete for dispensary work, hospital appointments, college appointments and what not. But rather, that real reserve fund, or capital, which determines a physician's usefulness, viz., "Experience." It is experience which

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makes confidence, and it is confidence, not assurance, which makes the physician. (Assurance does not learn from experience; experience only increases the expansion of its gall bladder.) Experience to the student physician gives that dexterity and power, which makes him the useful man in the sick-room, at accouchement and in the operating-room, and as Pancoast loved to say, "Teaches him to see with his fingers." Experience is the best of teachers, and *it* is the compensation which is drawn, even at great cost from the trying ordeals of doing professional work without apparent monetary reward. The business man, not familiar with a professional man's necessities, his demands or his ambitions, looks on as he sees the man in medicine doing charity work, spending money to have experience, putting up with the deprivations and trials of working for nothing (no money in it), and says with disgust, "Why man you owe it to your family to work for pay—your bills must be paid, and how can ycu chase the rainbow of ambition when you need money for bread?" There is too often more truth than sarcasm in such remarks, but let us pause for inspection. Is this young man working for nothing? Can he do it? Is it a possibilty if he is a conscientious worker, and does the work well, even though no money comes in to fill his empty purse?

We again go back to Emerson, and with his thoughts answer the critic, that the young man cannot work for nothing, even if he wants to, for his capital is increasing with each day's work; his capital is his reputation; his reputation is growing, for it is won by honest work, which always counts. After awhile his capital will declare dividends, and after awhile compound interest will be declared. If he keeps on working, adding to his reputation, he some day will be a rich man. Arithmetical progression alone teaches us that. And then, viewing results in retrospect, we see Emerson is right; no right and just effort is lost. Rewards come slow but sure, and if the young man in medicine will be content to work for glory conscientiously (just as conscientious as if he were getting great financial reward) he will reap a reward in compound interest. The bee-hive has no use for drones, they are the non-believers in Emerson and the followers of *fatàlism*—they belong to the disgruntled few, who believe the world owes them a living which (the "old skinflint") will not pay without first receiving service in return. Work, and not play, is what *goes* in medicine. Compensation is as sure as the law of gravitation.

F. P. N.

OHIO IN LINE.—At last Ohio has a law regulating the practice of medicine within her borders. The new law provides for a special board of examiners, of seven persons, regular and sectarian physicians, so divided among the schools that no school will have a majority. Their duties are (1) to determine which medical schools are legally chartered and in *good standing;* a diploma from these schools duly registered, will entitle its possessor to practice; (2) to examine all others who wish to practice in the State, licensing those whom they judge worthy, and (3) to supervise the registers in the probate courts of the various counties. This is probably the most important act of Ohio's present legislature. We congratulate the profession of Ohio that they have at last brought the State into line.

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What Constitutes Epilepsy?

THERE seems to be a difference of opinion among observers as to what constitutes epilepsy. We judge so, largely from the ideas advanced during the Duestrow trial. The writer, as an expert for the State, held that the lapse of consciousness was the distinguishing feature of epilepsy, and that he could conceive of no phenomena as epileptic which did not have this impairment of consciousness. While it is true that there may be a psychical equivalent, which takes the place of motor convulsion, yet this psychical change is convulsive phenomena and localized in the higher psychical region, rather than in the motor or sensory regions, and that disturbance of consciousness is part of this phenomena. Theory is well enough in its place, but practical observation is more reliable. In a study of epilepsy in children from eighteen months to twelve years old, the writer has found that consciousness disturbance, is the only true test of epilepsy.

In the study of epilepsy occurring in individuals over twelve years, and even up to seventy-five years, that consciousness disturbance was the criterion of epilepsy. It seems to us if we leave out lapse of consciousness as the test of epilepsy, it is like trying to play Hamlet with Hamlet left out. It is incongruous—don't work, and is a theoretical muddle. To our mind, then, epilepsy is characterized by loss of consciousness and convulsive phenomena.

F. P. N.

Woman's Place in Medicine.

WE are not bigoted. We believe in progress. Things, in the order of development, do not come about by chance; there is a cause or incentive somewhere. Woman has not entered medicine simply as a venture or experiment. She has a place in it, a place which was created by man for her, and which was vacant for a long time waiting for her to fill it. She is going to fill this place just so long as there is a demand for her service. Man, proud man, bemoans this invasion of his supposed exclusive domain by the gentler sex, when indeed, he is largely to blame for the invasion. Woman would never have contemplated such a step had man been less stupid and more considerate of woman and her womanly ways. There is a tolerance to stupidity; there is a limit to inconsideration. Man, would ask, wherein am I stupid?

Woman would answer, in the observation of, and adjustment to, those ailments, cares and anxieties which fall peculiarly and specially to the lot of womankind. Those complaints, which man in the mightiness and grandeur of his position as physician to woman, says are but shadows, phantoms, freaks of the imagination, frauds of perception, and are not worthy of consideration. Here is man stupid. Painfully stupid. He endeavors to overcome his stupidity by assuming an air of brusqueness, stolid indifference or overbearing swagger, and trys to crush frail woman into the belief that he knows his business. Well, man has done this from time immemorial, but now he must take in his sails, and prepare to meet his fair competitor, who knows woman from having been born as one, she steps in with her sympa-

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thetic knowledge of woman's ailments, and carries off the practice. Woman is guided by intuition seemingly, at such a time, which man gropes about the labyrinth in utter darkness, stumbling, falling, and cannot recognize light when he sees it. As a result, he travels rough shod over the very choicest and fragrant womanly ways, all the time believing that he is kind. Poor, deluded man. No wonder woman had to enter medicine to rescue womankind.

An extensive experience with nervous women has convinced the writer, that if man could appreciate what the great sympathetic nerve was in woman, he could be of better service to her as a physician. He would then not ignore, but consider her ailments, find the cause and relieve her. Woman in medicine is doing this, and man must be more womanly. We speak of the manly woman, now we like to see the womanly man in medicine, he it is that is unselfish, considerate, just, kind and indulgent, and one who knows that "to err is human, to forgive divine," these traits are what make woman a power in medicine, and as long as they represent what is good, what is lovable, what the world craves, just so long will woman have a place in medicine.

F. P. N.

Correspondence.

STENOSIS OF THE THORACIC DUCT.

DECATUR, ILL., March 12th, 1896.

EDITOR MEDICAL FORTNIGHTLY:—During my service in the late war as Assistant Surgeon in the United States army, at Louisville, Ky., a soldier came under my observation at Hospital No. 5, of which I had charge, suffering from what had been diagnosed as typhoid fever; he was very much emaciated, and suffered from constant diarrhœa. I treated him three weeks in that hospital, when he was transferred to Taylor general hospital, and was under the treatment of Dr. H. F. McNary, now of Princeton, Ky. He diagnosed his case as tubercular consumption, and treated him accordingly. On percussion I found his chest very resonant, otherwise normal. He lingered in this hospital about three weeks, when he died. At the time of his death he was as near a living skeleton as a man could possibly be and live. I made a post-mortem examination, and found no disease of the internal organs, but found his lungs, liver, and all other organs wonderfully atrophied. I found the cause of his death to have been starvation, caused by stenosis of the thoracic duct. All the nourishment he had received for several months had necessarily been from direct absorption.

On hunting through all the medical works I could find, I was only able to find one similar case reported, and that is, so far as I know, the only case on record of stenosis of the thoracic duct.

Very truly yours,

J. G. HARVEY, A. M., M. D.

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Original Department.

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Clinical Lecture

Delivered at the New York Post-Graduate Medical School and Hospital,

The Neurasthenia of the Climacteric.

BY REYNOLD W. WILCOX, M. D., LL. D.,

NEW YORK CITY,

Professor of Clinical Medicine and Therapeutics; Visiting Physician to St. Mark's Hospital.

Reported by CHARLES J. MOONEY, M. D., Instructor in Clinical Medicine; Physician to the North-Eastern Dispensary.

GENTLEMEN:—I intend to show some patients today who will illustrate a rather common condition, and who will interest you from the standpoint of a general practitioner. The general practitioner, while keenly alive to the rapid progress in most departments, is, as I have met him here and in the consulting room, less interested in the details and variation of operative technique than in the knowledge of how to reach a diagnosis in cases as they present themselves to him.

REYNOLD W. WILCOX, M. D., LL. D.

CASE I.—Mrs. A. R., age 42. Has given birth to six children; never having had any serious illness. She states she has not been feeling well for about five months. She complains of headache, usually located over the eyes and in the occipital region, dizziness, palpitation on exertion (and again from no apparent cause), hot and cold flashes over the spine and back, extending to face. Marked nervousness at times. Hands and feet are cold. Quite irritable; also states she has spells of depression, which usually develop into sobbing. Appetite capricious, gaseous eructations at no stated time before or after taking food. Flatulence occasionally, constipation as a rule. Monthly sickness has been irregular for the last eight months; sometimes diminished in quantity, and then again increased and showing clots. On physical examination we find that the patient is well nourished. Face is flushed, and has a somewhat

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anxious expression. Temperature of skin normal. Respiration slightly rapid. Cardiac impulse weak, but regular and rapid. Percussion shows nothing of importance. On auscultation we find the rhythm of heart regular, but the rate quite rapid. Over the pulmonary area (second left intercostal space) the sound is twice as loud as it should be, slightly prolonged, but remember there is no murmur. All the other sounds of the heart are normal, but weak. Apex beat in normal position. The pulse is regular, weak, compressible and rapid. The reflexes are increased. On palpation over the abdomen we feel that the tissues are relaxed, and that there is an increase in adipose tissue in wall proper, or external to it. The muscles are flaccid, which makes it quite easy to map out the abdominal viscera. Over the left hypochondriac region, on deep palpation, we feel a well-defined oval tumefaction, extending towards the epigastric region, also downwards into posterior left iliac region. I believe such resistance is due to an accumulation of fæcal matter in transverse and descending colon. The spleen cannot be felt with any degree of certainty. There is slight tenderness or pressure over the free edge of floating ribs in right hypochondriac region. On deep palpation, pressing my hand well under the free edge of ribs at this point, I feel the lower border of liver, which offers more resistance than it should, and the edge is rounded. During inspiration it extends fully an inch and a half below the ribs. This slightly enlarged and tender liver has been present long before the present trouble was noticed, but undoubtedly it augments the symptoms in this case.

CASE II.—Mrs. S., age 52. Never gave birth to children. Has been complaining for over a year of hot flashes and chilly sensations over back, arms and face. Marked palpitation without any apparent cause. Headache occasionally, usually confined to occipital region. Hands and feet, as a rule, cold. Sickness has been regular up to three months, since which time she has been unwell every two weeks, but flow was diminished in quantity, lighter in color, and clotted. Appetite is fair, slight flatuence and constipation. She entertains the idea that her friends and family neglect her, and purposely make life a burden in many ways. On examination, we find the patient somewhat emaciated. Skin at present pale and flabby. Expression of face nervous. Tongue slightly coated white. Mammæ flabby and pendant. Abdomen quite large, and represents very well the condition described by Simpson as pseudocyesis in females at this time of life. The patients, as a rule, are alarmed at this, especially so when menses have stopped. They may really believe such enlargement is due to pregnancy. Nothing of importance is found on deep palpation here, except the excess of adipose tissue outside of muscles proper. On examining the heart, we find the apex beat opposite the sixth rib, regular in rhythm, prolonged and booming. On auscultation we find, during the ventricular systole, over apex a low, pitched prolonged booming, sound extending around to left. The pulmonic second sound is accentuated. Tricuspid is slightly accentuated. This cardiac condition, which by the way is mitral regurgitation and hypertrophy of left ventricle, is not caused by her menopause, but has a tendency to augment her palpitation, dizziness and headache, also general nervous state. Pulse is regular, rapid, compressible and weak.

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Now, gentlemen, here are the cases for you to examine. You can learn more about their physical condition by so doing than listening to me. Now as to the condition we are dealing with. These patients are frequently treated for malaria cardiac disease, all the different forms of dyspepsia and constipation. The signs just noted are purelv symptoms of the true condition. We are dealing with a natural state, so much so as at the age of puberty. It is known as the change of life, menopause or climacteric. The condition in which we find these patients, may be stated as climacteric neurasthenia. It constitutes all that time between the commencement of irregularity in monthly sickness, or menses and cessation of same. We might add, that the nervous symptoms begin in a large percentage of cases before any change of menstruation takes place, and do not entirely subside until sometime after menses have stopped. This condition varies with the climate and individual, as some females reach this period at about twenty-seven, while others do not until past sixty years of age. These ages are exceptional, but do exist and should be borne in mind: The usual time, however, is between the fortieth and fiftieth year.

In a lecture on comparative physiology of menstruation by Wiltshire, in which he adduces proof of menstruation in various limits, the following statements are quoted: "Valpeau says that in Lapland and Greenland women are not often more regular than every three months, and Gardien, that in women in polar countries the menstrual flow takes place only twice or thrice a year."

There are no positive set of symptoms or signs to rely on, for, as a rule, we are not dealing with healthy bodies. A number will have some organic conditions not dependent on this period, as in the second patient I present, who has a valvular and muscular cardiac lesion. Such conditions have a tendency to augment the nervous symptoms and mislead. The most common, however, are the flushes, chilly sensations, and feeling of faintness. The changes are undoubtedly due to sudden congestion of the nerve centres from absence of usual monthly flow, and are frequently relieved by vicarious hæmorrhage from mucous membranes, nose, stomach, hæmorrhoidal vessels, and leucorrhæa or diarrhæa. Leucorrhæa is, as a rule, present during all this change, and should not be treated as a separate disease. The nervous phenomena are as varied as the points complained of. Irritability of temper, hypersensitiveness, loss of memory, and hysteria may occur, also melancholia is as a rule present. Change in the physique will be noticed. They develop an excess of adipose tissue in abdominal wall and breasts. Sexual frigidity continues through this period as a rule, but in some it is changed to one of activity. Eruptive conditions of the skin are present at times, as at the age of puberty. Fecundity may occur after cessation, as ovulation may proceed independent of menstruation.

The change in the blood-vessels is also quite marked. Jacobi published an article several years ago, in which it was stated the blood pressure, in this condition, would increase up to time of flow, and then gradually diminish up to such time as it stopped. This change continued until the menses had permanently stopped. In other words, these pressure changes are under the influence of the sympathetic system. During involution, and

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especially after cessation of flow, the secretion from the skin is increased; the urinary salts are more abundant; there is a freer elimination of carbonic dioxide from the lungs. There is also a free action of all the mucous membranes. This shows that the process of elimination is more active in every way, and compensates for menstruation. When the compensating changes fail in the nutritive system, the patient suffers more. A large number of neurotic phenomena, directly connected with the sympathetic system, depend on an unstability of cells in large portions of the brain, that is the immediate consequence of altered blood supply and nutrition. The first effect of this depressed system is an irritability of the vasomotors that leads to extreme variation in the blood supply. This very irritability of the vasomotors may itself induce the instability of the cerebro-spinal cells.

The prognosis is satisfactory as a rule, providing your patient is not suffering from marked debility as a result of a recent protracted illness, or some organic condition that would produce a similar state of depression. The differential diagnosis should not be left to guess work or chance, but receive careful consideration, and be based upon thorough examination.

The treatment is as varied as the indications, as a rule, though it is a supportive one. Our patients here in the clinic are instructed to overcome the constipation with some saline cathartic, as magnesium sulphate, or the combination of aloes and myrrh. The watery discharge sact as depletories. Food should not be too stimulating, if the patient is plethoric. The nervous symptoms are usually overcome with bromides and some form of arsenic and iron. The combination we use, was suggested by Albutt. It is as follows:

Liquor Potassii Arsenitis.....mv
Ammonii Bromidi.....x to xv gra.
Ferri et Ammonii Citratis.....viii gra.
Aquæ Cinnamomi, q. s., ad.....f℥i
Sig.

This is to be taken three times a day, after eating, in water. Strontium bromide may be substituted for the ammonium bromide, which is stimulating, if a sedative is required. Narcotics, as a rule, should not be prescribed, such as opium or chloral. It would be impossible to lay down specific lines of treatment in these cases. Simply meet the indications as they appear.

The important conclusions which I wish you to reach from this lecture are:

1. To recognize the neurasthenia of the climacteric as dependent upon the imperfect action of the sympathetic nervous system.
2. To realize that in overcoming this action the bromides and arsenic are the most valuable remedies.
3. To carefully examine your patients as to every physiological system, and to interrogate as to all possible symptoms.
4. Finally to arrive at your diagnosis by exclusion.

Reynold W. Wilcox.

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The Medical Fortnightly

THE OPHTHALMOSCOPE

SECOND PAPER

BY J. ELLIS JENNINGS, M. D.,

SAINT LOUIS

Ophthalmic and Aural Surgeon to the St. Louis Mullanphy and Methodist Deaconess Hospitals; Consulting Oculist to the M., K. & T. Ry. Co.; Secretary of the St. Louis Medical Society.

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THE SELECTION OF AN OPHTHALMOSCOPE.

IN selecting an ophthalmoscope the physician should remember that a good instrument is not necessarily expensive or complex, and that more depends upon the skill of the observer than the pattern of the ophthalmoscope. The accurate pictures of pathological conditions of the fundus, found in Liebreich's Atlas, were all observed with the simplest of instruments. The first point to consider in selecting an ophthalmoscope is the mirror. Some instruments are provided with both a plane and a concave mirror. The plane mirror gives a weak illumination, and is used when we wish to detect fine opacities of the media, or slight changes in the retina or choroid. The concave mirror gives a stronger illumination, and, therefore, is better adapted for routine work, and with a dim light, may be made to serve the purposes of a plane mirror. We, therefore, select an ophthalmoscope with a concave mirror made of very thin glass, and of about eight inches focus. The central perforation is often larger than is necessary, from 2 to 3 m. m. is about the proper diameter. The mirror may be stationary or tilting. With a stationary mirror the ophthalmoscope must be tilted toward the light, which is a serious objection when examining the fundus at close range. The tilting mirror is swung upon two pins, and can be turned to any desired angle. A good working ophthalmoscope, which can be carried in the pocket, and which the student will find sufficient for all practical purposes, is the Loring pattern, with a tilting mirror and a single revolving disc.

THE DARK ROOM.

Surgeons who limit their practice to diseases of the eye, find it convenient to have a dark room adjoining the office for ophthalmoscopic examinations. The room should be at least eight feet square, and the walls covered with black cloth or paint. While a special dark room is desirable, it is not essential, and in fact many observers objecting to such close quarters, convert the office into a dark room, as occasion requires, by simply drawing the window shades. After a little practice it is quite easy to make an ophthalmoscopic examination in daylight, and as the physician from time to time is called to make such examinations at the bedside, he should accustom himself to working in a moderately darkened chamber, or behind an improvised screen.

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ILLUMINATION.

In the city where electricity is extensively used for lighting purposes, it is convenient to have a wire run into the dark-room and attached to a swinging bracket. A frosted glass incandescent lamp is substituted for the ordinary one, which gives an annoying reflection of the intensely bright loop. Until recently, a serious objection to the use of electricity was, that we had no means of regulating the intensity of the light, but an attachment has been invented which allows of a dim or of a bright light, as occasion demands.

For office work gas is a very convenient and ever ready source of illumination. We can use an adjustable bracket with an Argand burner, or the gas can be conveyed through a flexible tube to an adjustable stand, which is placed on a desk or table. The Welsbach burner gives a bright and beautiful illumination, and is much favored by special workers. Ordinarily the Argand or Welsbach burner is covered only by a chimney-glass, but recently Dr. Thorington, of Philadelphia, has introduced a cover-chimney made of asbestos, which is placed over the chimney-glass. See Fig. 9. On

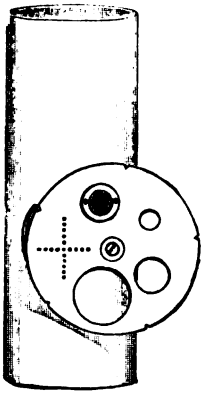

Fig. 9. Thorington's Cover-chimney.

the front of this chimney is placed a revolving disk, which permits of five changes for as many purposes, and is so secured to the chimney that by means of a ratchet it will remain in any position desired. The five changes, as made by the disk, are as follows: 1. The one centimeter opening is for Jackson's method of skiascopy. 2. The two centimeter opening permits greater freedom of movement on the part of the observer, without moving the light. 3. The three centimeter opening may be used as a source of light for the concave skiascope, ophthalmoscope, etc. 4. A round section of cobalt blue glass for the chromatic-aberration test of ammetropia has been added, as likewise. 5. The perforated disk, with perforations and spaces, each 1.45 millimeter, to test for astigmatism at one meter distance. This combination obviates the removal of the chimney, except in rare

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instances. If electricity or gas are not at our disposal, for instance, in the country, or at the bedside, a lamp which burns with a clear, steady flame, or even a lighted candle, will be found to answer admirably. I have noticed that some men never can do their best work, except under favorable conditions in their own office or dark-room, but it is certainly of great advantage to cultivate the faculty of making ophthalmoscopic examinations standing or sitting; in the office or in the bedroom; by electric, gas or candle light.

THE USE OF MYDRIATICS.

It is of course very desirable to be able to examine the fundus without employing a mydriatic. In most cases the pupil dilates to a considerable degree in the dark-room, and any gross change in the eye can be observed. As the optic nerve is not sensitive to light, we can direct the light in that direction without inconvenience. On the other hand, if we turn the light toward the macula region, the most sensitive portion of the retina, the pupil contracts, and we are bothered with the corneal reflections of the mirror, and on account of the insufficiency of the illumination, we are unable to see with any degree of satisfaction. The objections to a mydriatic are:

1. The annoyance caused by the paralysis of accommodation.

2. If sudden loss of vision occurs in neuritis or atrophy of the nerve, this loss of sight may be attributed by the patient to the effect of the mydriatic.

3. Glaucoma.

1. The first objection could have been raised with propriety in the olden days, when atropine was the only drug used to dilate the pupil. The loss of ten to fifteen days was a great hardship. Since the introduction of homatropine and cocaine, however, we are able to dilate the pupil, and complete our examination with little inconvenience to the patient. Jonathan Hutchinson says: "Experts can manage without (a mydriatic), and may sometimes smile at those who are obliged to use it, but the increased facility which it gives is such, that no beginner should neglect it. The objection, that it causes the patient inconvenience, is a very trivial one. What the patient wants before all things is, that a correct opinion should be formed, and to this end he is quite prepared to make a little sacrifice of convenience. For the want of the use of atropine, I think, I have known even experts overlook things which would have been apparent at a glance, had it been used."

2. On this point Hughlings Jackson says: "If we use the ophthalmoscope, or if we use atropine, or if we apply a blister to the head, or adopt any new kind of treatment, the patient may blame us for his blindness, if he saw well before such procedures. A patient who reads the smallest print, and supposes his sight to be good, may have double optic neuritis. The use of atropine affects his sight for near objects gravely, and if, from the advance of the neuritic process, what I may call retinal sight, fails before the effect of the atropine has passed off, he very naturally blames us for the subsequent permanent affection of his sight. A patient, when asked how long his sight has been bad, replied, 'Only since the drops had

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been put in.' We must, then, when we discover neuritis, sight being good, tell the patient that his eyes are not really good, and that we are anxious about his sight. Whether we give this warning or not, we shall be blamed by an intelligent patient for 'tampering with his eyes.' We must, however, act for our patient's good, regardless of selfish considerations. In very many cases we can see enough for diagnostic purposes without using atropine."

3. The possibility of setting up an acute glaucoma by the use of a mydriatic. This would be a very important objection if clinical facts sustained it. Dr. Risley (*Univ. Med. Mag.*, January, 1895) says: "I have used these drugs with impunity, both in private and public practice, in many thousands of eyes during and after middle life, and I have yet to meet the first instance of an acute glaucoma precipitated by the employment of a mydriatic. But, I have always taken the precaution to avoid their use, except with the greatest caution in all cases where there is increased tension of the eye-ball, with diminished range of accommodation not accounted for by other recognized conditions, with characteristic abnormalities in the field of vision." Keeping these dangers in mind we should first endeavor to examine the fundus with an undilated pupil, and if the attempt prove unsatfactory, as it often will in a partly darkened room, or at the bedside, we should ascertain the tension of the eye, and if normal, apply a weak mydriatic (gr. x to ʒi solution of cocaine or of homatropine). Having dilated the pupil we examine the peripheral portions of the lens for striae, the vitreous for fine opacities, and search the outer parts of the fundus for pathological changes.

J. Ellis Jennings, M.D.

THE WOMAN'S CLUB of Louisville has made itself a power, by taking up the question of isolation of infectious diseases. They have now, a resolution before the city council to compel such isolation.

THE ST. LOUIS BAPTIST HOSPITAL.—A new home for the St. Louis Baptist Hospital is one of the "sure things" of today. The management has purchased the Niedringhaus residence, at the corner of Garrison and Franklin Avenues, and will alter and make such additions as will make theirs one of the best housed of our hospitals, while they promise an equipment a little ahead of anything in the city. Considering its present quarters, the prosperity of this institution has been indeed surprising, and reflects great credit on the management and staff. They are to be congratulated, both on what they have accomplished, and on their entrance in a field of greater possibilities.

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The Medical Fortnightly

The Autopsy of a Heart.

BY DR. M. LETULLE,

PARIS, FRANCE.

Professor (Agrege) Paris Faculty, Lecturer on Pathological Anatomy, and Physician to Paris Hospital, etc.

(Translated for the Fortnightly, by Dr. Thos. Linn, Nice.)

In examining students we have found that they are often without a full knowledge of post-mortem examination, and we propose to lecture this session upon the question.

We commence with the heart, as it is one of the most important organs to examine. Autopsy is the act of seeing, but we must know how to look.

First—Open the pericardium by a crucial incision on its anterior surface and in four scissor cuts expose the pericardiac cavity.

Second—Measure the dimensions of the heart: (a) Its circumference at the base, passing along the auriculo-ventricular furrow below the projection of the auricles. Sometimes there is an advantage, in the large heart dilations, in measuring the circumference of the ventricles in its largest portion, but generally this medium measure is best. (b) Note the length of the heart. The height is one of the measures that is of the least use; sometimes we measure the height of the inter-ventricular furrow on the anterior face; at others we take the height on the posterior face of the organ, from the insertion of the superior vena cava to the point or apex of the heart, or you may content yourselves with the right border of the heart from the opening of the inferior vena-cava to the apex.

No matter what system of measuring you employ, remember to do it before you make the extraction of the organ and before you open its cavities.

Third—Raise the heart now and look under and all around it and see if the pericardial sac is normal, and if you need to, take a sterilized pipette and take some of the blood under it. Then proceed to extract the heart. It is usual to take the mass in the left hand and cut with scissors as follows: (a) As far as possible from the walls of the auricles cut the pulmonary veins and the two vene cava (the inferior one is part of the auricle). (b) Now the pulmonary artery and the aorta as far as possible from their origin. The left index finger should be slipped under and raise up the vascular organs; keep at least an inch of the arterial trunks, so that you may see the functional state of the sigmoid valves. (See Figures 1 and 2.)

Fourth — Next, before making any new incision, examine the orifices of the heart and pass your finger through them while they are de visu and in place. Look first on the top, at the base of the heart; as a rule the auricles are open, having been partly cut by the scissors; if not, open each one from above, reuniting the orifices of the vena cava on the right and the four orifices of the pulmonary veins on the left. If needed, prolong this incision along the borders of the heart. Sponge out gently the cardiac cavities, taking out with great care the clots, and look at them before throwing them away. The eye and finger will now show the integrity of the valves or not; if there are deformations, vegetations, indurations, stenosis, rupture, etc., should be now noted, while trying the play of the orifices.

Fifth—Try the valves. For the aorta and the pulmonary artery the finger brings the sigmoids together, while the other hand holds the heart suspended by the artery. This is usually enough, but it is the habit with us to try the "water proof." To do this never cut transversely the apex of the heart; this is a useless incision, and makes a deformation of the organ. Section the right border of the heart by a vertical incision parallel to this border, taking in, or not, the tricuspid orifice and the right border of the auricle according to the line D D (see Figure 2). This is the normal line of Professor Cantil's incision.

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For the aorta, in order to be sure of a free passage of the water, make an incision on the left border of the heart from the apex of the left ventricle, passing by the mitral orifice between the two columns on the left angle of that orifice (line G G of Figure 2). This opens, vertically, the extreme left limit of the left auricle.

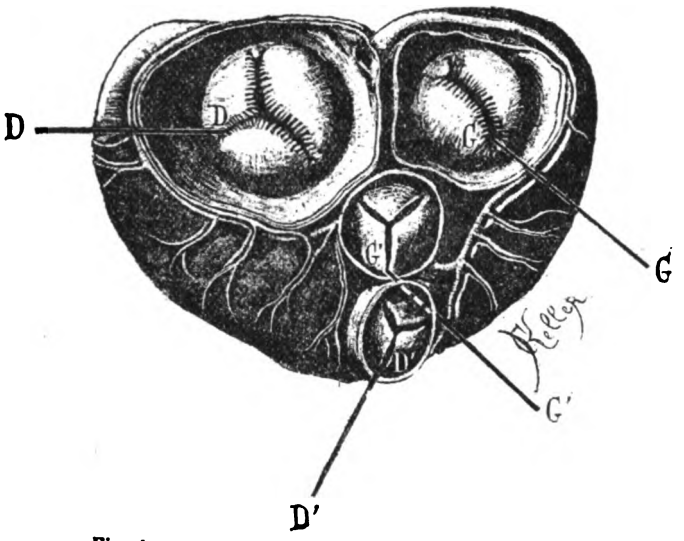

Fig. 1. —

Figure 1.—The four orifices at the base of the heart: D D, the tricuspid; D' D', pulmonary artery; G G, mitral orifices; G' G, aortic.

It is now easy to pour water into the aorta and the pulmonary, but this last is almost never insufficient. Remember that the water will not stay in the aorta, but will flow from the open coronaries. You will see that the sigmoid valves are well closed or not. (It is understood that the water proof is of no use for the mitral and tricuspid valves.)

Opening the Heart.—Professor Cornil's four methodical incisions of the four valvular orifices. These incisions are intended to preserve, as closely as possible, the integrity of the play of the four valves, and they are simple, easy, and possible for anyone to do. The principle followed is the following: Each heart—the left as well as the right—should be opened by following its corresponding border.

The Right Heart.—(See Figure 3.)—(a) A first incision is made on the right border of the heart by the first lines, D D, either with the autopsy knife or scissors, which penetrate vertically, guided by the left index finger, which holds the tricuspid orifice fixed. The incision descends below the ventricular cavity, but not to touch the inter-ventricular partition, and it should go up the right border of the auricle, vertically, opening the cavities of the right heart (V-D, Figure 3). (b) Now open the pulmonary artery orifices without altering the sigmoid valves; the instrument enters the anterior column of the tricuspid valve and the anterior wall of the infundibulum, following the lines D' D' and the avis of the infundibulum, and if you watch the blade of the knife you can easily cut the pulmonary artery between the right and left sigmoids (see Figure 1).

In this way a triangular flap is cut on the anterior surface of the right ventricle, which allows of the examination of the cavities and orifices of the right heart and does not spoil any part

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of them. You can then study the thickness of the walls of the ventricle and the auricle and the myocardium, the columns, walls and infundibulum.

Left Heart.—(a) The incision of the mitral orifice is made in the same way as the tricuspid. The index finger is introduced into the ventricle and serves as a conductor for the knife, which cuts, vertically, the left heart in its whole length, from the auricle to the apex of the ventricle, following what is called the left border of the heart, that is to say, the most projecting portion on the extreme left of the ventricle. A careful examination of the parts will allow you to pass the incision (line G G, Figure 2) along the angle of the left of the orifice and keep the mitral valves in a good state. If possible, see that the two valvular columns are not touched; the posterior one should be behind and the anterior one should be part of the anterior flap, which will be finished by the second incision. (b) This second section passes a line (G G') between the anterior column and the wall of the left anterior ventricle, taking care of the aortic sigmoids. To do this, press over to the left the pulmonary artery and strip it with the scissors from the anterior surface of the aorta. Then incline the blades of the scissors obliquely to the

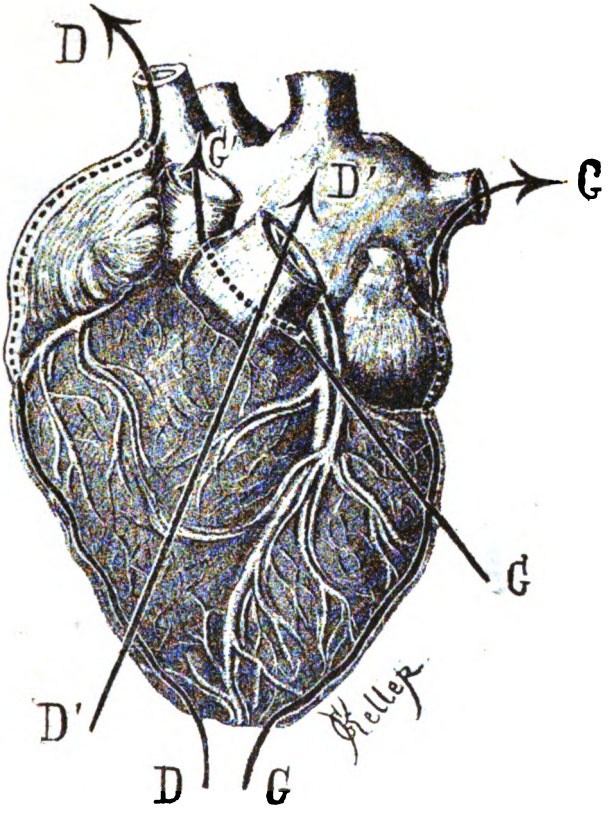

Fig. 2. —

Figure 2.—Lines of incision of the heart; the letters are the same as on Figure 1. (According to Professor Cornil.)

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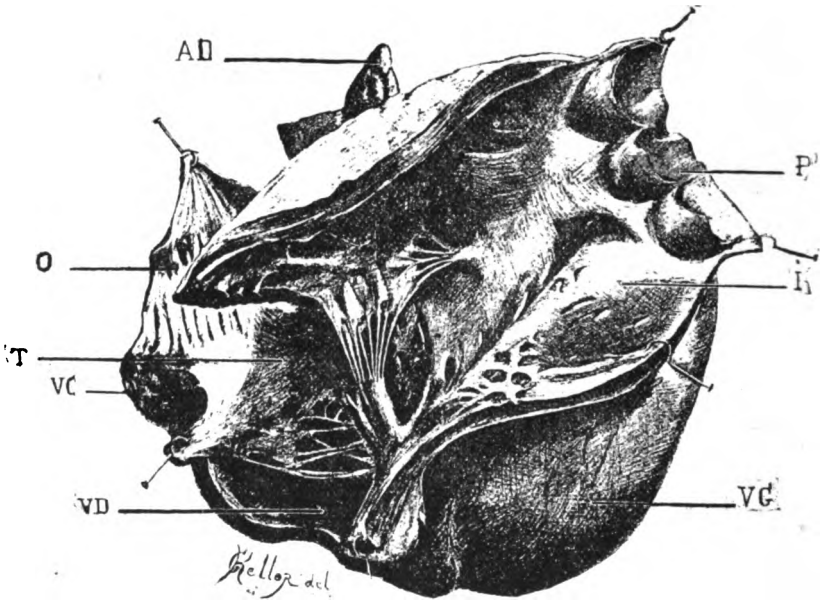
left, and the incision will pass between the right sigmoid, which it leaves to the left, and the left sigmoid, which forms the left lip of the opening. It is easy to guide oneself to the apparent origin of the coronary arteries, as the left one is exactly above the valve you want to protect and leave it at the right side of the incision (C G, Figure 4). By these incisions we have cut in the anterior surface of the left heart a flap of triangular shape, like that of the right heart, but this one is smaller; still it allows us to examine the heart.

ure afterwards. The thickness of the walls is important, and must be measured with great care. The following are the principles: First, only measure the walls on a point cut perpendicular to the surface and never on an oblique cut, which, of course, will give a wrong measure. Second, do not take into account, for thickness, the epicardic layer, which is often thickened with fat, and be sure to measure the mass of the wall only, and not the projections made by the columns, clots, etc. In this way errors will be avoided.



This is Cornil's method, and it will show the valves and parts of the orifices and cavities without amputating them and permit of the most careful examination and preservation of the heart and its cavities.

This operation terminated, you should measure the orifices and the walls. Use a string and measure it on a meas-

Figure 3.—The Right Heart Opened. —T, tricuspid valve; P, pulmonary artery; I, infundibulum of pulmonary artery; V G, left ventricle (anterior surface and apex of the heart); O, auricle; A D, right auricle; V D, right ventricle; V C, coronary vein, cut at the level of the auricular-ventricular furrow.

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4. The Inter-Ventricular Partition.—This should be measured also. Make an incision on the anterior surface of the heart, passing the medium portion of this wall, and measure it.

5. Weight of the Heart.—This will terminate the autopsy, after having remarked the color of the myocardium and its consistence, which may be different in the different sides of the heart, and having noted the condition of the coronary arteries, which should be opened. Then weigh the heart, which must be emptied of all clots and globular vegetations.

6. The heart can now be kept by placing it into a large jar, which may contain about three quarts of Muller's solution, but it is well to renew this several times, until it is quite transparent and clear.

The microscopic examination of the heart may be provided for later by cutting off some pieces of the myocardium.

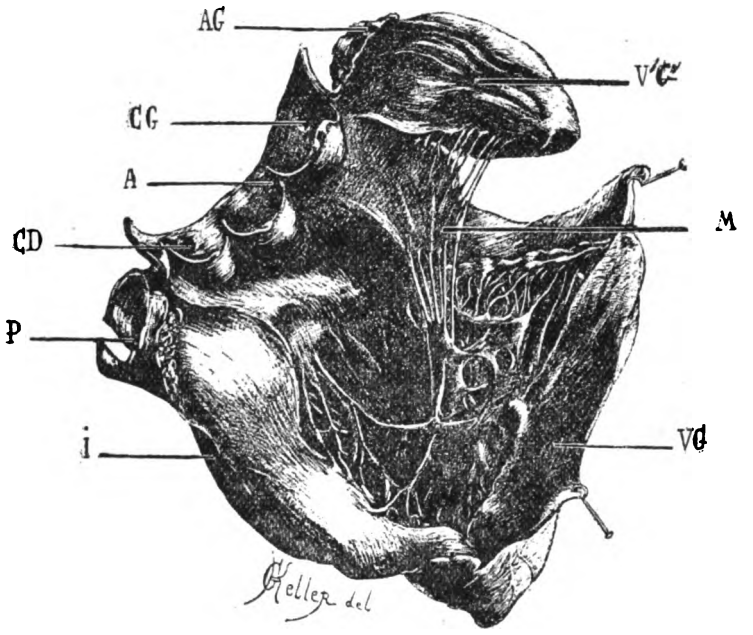

Fig. 4. —

Figure 4.—Left Heart Opened. — A, aorta; M, mitral valve; C D, the right coronary artery; G G, the left coronary artery; P, pulmonary artery; A G, left auricle; V G, left ventricle; V' G', flap of the left ventricle isolated by the two lines of the incision.

Thomas Linn M. D.,

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Reports on Progress.

COMPRISING THE REGULAR CONTRIBUTIONS OF THE FORTNIGHTLY DEPARTMENT STAFF.

Genito-Urinary Surgery and Venereal Diseases

BY BRANSFORD LEWIS, M. D.,

ASSISTED BY

J. D. NIFONG, M. D.

Retention Cysts of Cowper's Glands as a Cause of Chronic Gleet, Spasmodic Stricture, Organic Stricture, Extravasation of Urine and So-called False Passages in the Bulbous Urethra.

Hurry Fenwick (British Medical Journal) calls attention to the fact that retention cysts of Cowper's glands are not infrequent in the adult, and they are often one of the causes of some of the more obscure and chronic affections of the deep urethra. Several cases of cyst of Cowper's glands have been found in infants upon post-mortem examination. The symptoms of inflamed prostrate, sub-acute cystitis and stricture may be present coincidently with those evoked by retention cyst of Cowper's gland, for the gonorrheal invasion which affects the ducts attacks also the adjacent areas of the urethra. It is somewhat difficult, therefore, to assign to their proper quarters the symptoms evoked by inflammation of these separate areas. The symptoms which arise from retention cysts are: First, a chronic milky gleet, slight, but persistent; it had been present in the cases observed from two to six years. Second, a distinct, though slight, obstruction to the free passage of urine; apparently this is due to the spasm which the gland excited in the compressor urethrae, for on inflating the bulbous urethra the orifice of the membranous canal was tightly compressed and the entrance of air was strenuously resisted. Part of the obstructive filling might have been, of course, due to the narrowing of the tube from flattening of the inferior wall of the membranous urethra by pressure of the cyst. This obstruction was at once relieved by incision. Third, a dull, heavy weight and pain in one or other side of the median line of the perineum at the margin of the anus, similar to the pain of chronic prostatitis, and probably often mistaken for it. This pain is liable to exacerbation by cold, alcohol, etc.; under these circumstances it reaches to the tuber ischii and down the inside of the leg of the same side. Pain over the sacrum and corresponding groin is also complained of. These symptoms are much increased just before the spontaneous rupture of the sac, and great relief to all is experienced on the appearance of a little rush of mucus and pus and blood from the meatus. One of the cases presented a fully distended cyst one and a half years, another two years, and another six years after contagion. The author says he is unable to hazard even a suggestion about the frequency of these cysts. They cannot be common, for he has met with only nine examples, and yet it is admitted that he might have overlooked many before becoming alive to the importance of the disease.

Treatment.The author incised cysts, which have not burst, by means of a fine harpoon knife, introduced through the urethral cannula. Then, after pushing the cannula bodily into the cyst, he penciled the whole wall with solid nitrate of silver. The action of the caustic was controlled by means of a swab of salt solution or of cocaine hydrochlorate. The method which the author prefers is to thrust a fine tenotone into the sac from the perineum, guiding it by means of a urethral cannula placed over the cyst. In this case the urethra is not opened. The sac is then stuffed with gauze. If the cyst has already burst, the orifice should be enlarged and the sac penciled with caustic.

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Urotropin (Hexamethylene-Ramin)

Dr. Flexner (The American Practitioner and News) calls attention to the fact that urotropin is non-poisonous, even in considerable quantities, very soluble in water, unirritating when properly used, and has been proved to be fully as good a uric acid solvent as formic aldehyde itself. Further, it meets fully the shortcomings of all the uric acid solvents hitherto in use. He says urotropin will dissolve uric acid calculi and uratic deposits and render the urine sterile during its use. Hence it is a most valuable agent in suppurations of the urinary tract and in gouty and rheumatic conditions when an active eliminant of uric acid or its salts is indicated. Urotropin combines readily with salicylic acid to form a soluble combination. A solution containing from ten to fifteen grains of each to the fluid ounce of water or other suitable vehicle is readily prepared, and has the great advantage over other soluble salicylates that it is free from disagreeable taste.

Gonorrheal Pleurisy.

Faitout (Arch gen de Med. Medical Review) refers to a case of Boisle's in which there was gonorrheal rheumatism, as well as evidence of a pericarditis and dry pleurisy; also to one of Ducrey's, in which a young man was seized with fever a few days after acquiring a gonorhoea. First a right, then a left pleurisy developed, and eventually the peritoneum was implicated. The effusion rapidly disappeared. In MacDonnel's case a young man had an acute gonorrhoea some four months previously. He had a further attack four weeks before his present illness. After exposure to cold he had pains in the knees, thumb, etc., and a double friction-sound was heard over the base of his heart. Later he had an effusion into both plural cavities. The patient made a good recovery. MacDonnel believes this to be an example of a gonorrheal affection of the serous membranes, because (1) there had been no previous rheumatic manifestation; (2) the temperature was only raised at the onset of the cardiac and pleuritic symptoms; (3) the articulations were but slightly affected, and (4) there was no sweating. The case of Mazza is more convincing. A girl, aged eleven, had been raped by a man suffering from gonorrhoea. A few days later she had polyarthritis and a double pleurisy. It is said that there was also evidence of an endo-pericarditis. Mazza found the gonococcus, both morphologically and by culture, in the pleuritic fluid.

The author lastly discusses how the gonococcus could get to the pleura. It must be assumed that it is carried by the blood, as its presence there has now been demonstrated by several reliable observers. The investigations are too few to determine whether the effusion is always due to gonococcus itself or to secondary infection, or whether even the gonococcus toxines play any part in producing any complications.

Movable Kidney.

Dr. Bell (Montreal Medical Journal) calls attention to the fact that movable kidney should be operated upon where the symptoms incapacitate the patient; that undue mobility often leads to organic change in the organ; that fixation of the kidney under these circumstances is the only rational treatment; that in the great majority of cases (which require treatment) this can only be done by operative measures. No appliance will retain a movable kidney in its proper position without producing injurious pressure upon the inter-abdominal organs. A carefully performed nephrorrhaphy should practically always succeed in permanently fixing the organ. Nephrectomy for undue mobility of the kidney can hardly ever be necesary.

The author gives reports of five cases to illustrate the above statements.

A Family History of Hydrocele.

Dr. Cadwallader (New York Medical Record) reports a case of double hydrocele in a young man aged twenty-eight, who told him that his elder brother had been treated for the same trouble; and operating on his father for the same thing, he learned that for three generations back nearly half the family had been afflicted with this disease.

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The Reviewer's Table.

Books, pamphlets, instruments, etc., for this department, should be sent to the Managing Editor, Union Trust Bldg

DIPHTHERIA AND ITS ASSOCIATES. —By Lennox Browne, F. R. C. S., Ed., Senior Surgeon to the Central London Throat, Nose and Ear Hospital. Illustrated by the author. Philadelphia: J. B. Lippincott Company, 1895.

This work is indeed complete and handsomely illustrated. It discusses diphtheria and its associates very exhaustively, but to the advocates of serum therapy, it is, in part, a disappointment. However, it is no doubt a conservative position to take for a man of Browne's reputation, but as we are more enthused over antitoxin than he, we would like to have more support to serum therapy than he gives. This book is one which physicians in general practice should have, should read, digest and remember. Then, coupling this knowledge to that obtained from the medical journals, as to the use of antitoxin, one would be fully prepared to battle with the demon diphtheria as we now understand it.

SYSTEM OF SURGERY.—By American Authors. Edited by Frederick S. Dennis. M. D., Professor of the Principles and Practice of Surgery, Bellevue Hospital Medical College, New York, etc., Assisted by John S. Billings, M. D., LL. D., D. C. L., Deputy Surgeon-General, U. S. A. To be completed in four imperial octavo volumes, containing about 900 pages each, with index. Profusely illustrated with figures in colors and in black. Volume III, 908 pages, 207 engravings, and 10 colored plates. Price per volume: $6 in Cloth; $7 in Leather; $8.50 in Half Morocco, gilt back and top. For sale on subscription. (Full circular on application to the publishers, Lea Brothers & Co., Philadelphia.)

The third volume of this very complete work enters thoroughly into the surgical diseases of the mouth, throat, chest, eye, ear, skin, genito-urinary system, and syphilis. The writers are men of established reputation, and naturally we expect much from them; we have not been disappointed. The editing is carefully done, and as a result this system is the best work in the English language which enters so exhaustively into the details of surgical practice. It is too elaborate for the student, but for the practitioner it is indispensable, especially to the man who wants to be in the front rank of surgical practice. Almost anyone can use a knife, but it is the man who knows when to use the knife who makes the surgeon. The technique of surgery is becoming less and less complicated; what is now considered of equal importance is the mastering of the power of surgical diagnosis. This system is of special value because of its discussion in all of the volumes of this important subject.

A MANUAL OF MEDICAL JURISPRUDENCE AND TOXICOLOGY.—By Henry C. Chapman, M. D., of the Jefferson Medical College. Second Revised Edition. Fifty-five Illustrations and Three Plates in Colors. Philadelphia: W. B. Saunders, 1896. $1.50 net.

The teachings of Professor Chapman are too well known for us to attempt any criticism. As a teacher, he is concise, scientific and careful to present the essentials to students. His book is but the elaboration of his experiences in the realms of legal medicine, together with his studies in this most perplexing field of practice. The average physician is as helpless on the witness stand as a new-born babe, and when confronted with the exactness required by the cross-examiner, too frequently ignominiously fails to impress a jury with even the ordinary scientific facts in the case. Such books as this can and will assist the physician in formulating facts so they are presentable. Every physician should have this book and use it. Saunders has made it up in his usual good taste and style.

CUTANEOUS MEDICINE; A TREATISE ON DISEASES OF THE SKIN.—By Louis A. Duhring, M. D. Part I. Illustrated. Philadelphia: The J. P. Lippincott Co., 1896.

Anything from the pen of one so well known in dermatology as Dr. Duhring is acceptable and valuable, but this work we read with especial interest, as it is written to substitute his former work, which is out of print. This is the first fassiculess or first part of the treatise, and is certainly encouraging, if it is a fair sample of what is to follow.

The text of this part includes the following subjects: The Anatomy of the Skin, The Physiology of the Skin, General Symptomatology, General Etiology, General Pathology, General Di-

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agnosis, General Treatment, and General Prognosis. The subject matter is dealt with in a thoroughly practical and concise manner, embracing the principles and general points in the study of Dermatology, and discussing them in a terse and pleasant manner, giving the student a clear idea without necessitating the reading of innumerable pages. The chapter of Anatomy is well illustrated. That on General Treatment is especially good, giving the author's valuable and practical opinion on the latest remedies. The author emphasizes his opinion throughout the work that the skin should not be considered a "mere protective covering," but a complex and importaht organ of the body, an index often to its inner workings.

The part referring to nerve origin of skin affections should be especially read, as it is the particular field of the author, and one that he has ably occupied for years. We hope this book will have the great success it deserves.

M. F. E.

DON'TS FOR CONSUMPTIVES.—By Charles Wilson Ingraham, M. D., Binghamton, N. Y., 1896.

This is another book written in popular style for the pulmonary invalid. It is a full exposition of "things consumptives should know," and, if faithfully followed, will do good. We are fearful of the inevitable neglect which chronic disease creates, and hence failure to follow directions. More knowledge gives more consideration to the physician's directions by the patient, and by such means manuals thus serve their purpose. We hope Dr. Ingraham may reap a just reward.

N.

EXERCISE AND FOOD FOR PULMONARY INVALIDS.—By Charles Denison, A. M., M. D., of Denver. The Chain & Hardy Co., Denver, 1895.

This little manual, written by such an authority, is deserving of wide recognition. If there is any one subject that needs to be talked about by physicians for the benefit of the laity, it is the hygienic care of pulmonary invalids. This book advocates exercise and regulation of the food as powerful agents for good in the treatment of phthisis.

N.

PRINCIPLES OF SURGERY.—By N. Senn, M. D., Ph. D., LL. D. Illustrated with One Hundred and Seventy-eight Wood Engravings and Five Colored Plates. Royal 8vo., pp. xvi. 656. Second Edition. Thoroughly Revised. Philadelphia: The F. A. Davis Co., 1895. Price, Extra Cloth, $4.50, net; Sheep or Half Russia, $5.50, net.

It is truly a pleasure to occasionally meet a book which is full of merit, from cover to cover. Such is Senn's "Principles of Surgery." Unlike most works which appear under this title, it is just what it professes to be, and treats of the principles underlying surgery. Practice of the art is given due attention, but it is not made the primary object of the book. Surgical pathology and the etiological aspect of surgical diseases are given the prominence they merit, this feature alone making the work one of great worth, and it will be found a valuable companion volume to any surgical treatise.

The second edition is a thorough revision of the first, it is somewhat larger; the progress of the last five years has made radical changes necessary, and the recent discoveries have occasioned the introduction of much new matter. The first edition was considered well illustrated, but the present edition contains fifty additional illustrations. The fact that Dr. Senn wrote the book commends it as no reviewer can, for what comes from Dr. Senn's pen must be scientific and up to date.

REPRINTS.

URETHROSCOPY IN CHRONIC URETHRITIS. (Medical Record.)—Ferd. C. Valentine, M. D., New York.

A NEW OPERATION FOR CONGENITAL PTOSIS (New York Medical Journal.)—By T. C. Evans, M. D., Louisville, Ky.

THE EARLY HISTORY OF VAGINAL HYSTERECTOMY (Journal of the American Medical Association.)—By N. Senn, M. D., Ph. D., LL. D., Chicago.

THE DIAGNOSTIC VALUE OF EHRLICH'S DIAZO REACTION. (Journal of American Medical Association.)—Chas. A. Green, M. D., St. Paul.

THE TREATMENT OF MALIGNANT TUMORS BY THE TOXINS OF THE STREPTOCOCCUS OF ERYSIPELAS (Journal of the American Medical Association.)—By N. Senn, M. D., Ph. D., LL. D., Chicago.

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Fortnightlettes

DR. WILLIAM L. MUZZY, of El Reno, Oklahoma, who spent the winter in this city in post-graduate work, has returned to his home, and THE FORTNIGHTLY goes with him.

DR. J. H. FORD has removed from Lanesville to Woodworth, La., and for good luck renewed his subscription to the FORTNIGHTLY. We hope the doctor may prosper in his new home.

THE AMERICAN ACADEMY OF MEDICINE will hold its twenty-five annual session in the dancing hall of Hotel Aragon, Atlanta, Ga., on Saturday, May 2nd, and Monday, May 4th. A preliminary program just issued shows an interesting collection of papers, and a profitable session may be anticipated. For a copy of the completed program, address Dr. Charles McIntire, Secretary, Easton, Pa.

CHEAP AT HALF THE PRICE.—We are in receipt of a notice from a medical journal in New Albany, Ind., which reads as follows: "To Our Exchanges: We will send this journal free of charge, for one year, to any of your subscribers. Offer to send our journal one year, free of charge, to any of your readers who will pay their old subscriptions; or offer our journal in club with yours for the price of one. You might send out a circular letter to each of your subscribers, if you wish. Write us and we will confirm this in writing." The generosity of this publisher is remarkable. We wonder what the Postoffice Department would think about a circulation obtained in this manner?

THE MEDICAL SOCIETY OF THE MISSOURI VALLEY.—The spring meeting of this Association, under the presidency of Dr. Frederic S. Thomas, of Council Bluffs, was held in Atlantic City, Iowa, March 19th, and was largely attended by the representative professional men of Iowa, Missouri and Nebraska. A program of some twenty-one papers was disposed of, and the meeting concluded with an elegant banquet. The Arrangement Committee, under the chairmanship of Dr. J. M. Emmert, was complimented for the efficient manner in which it discharged its duties. The annual meeting of this society will be held in Council Bluffs, in September, at which time an excursion to Colorado Springs is contemplated.

PATHOLOGY OF CHOREA.—Dr. Chas. L. Dana, of New York, contributes an article to "Brain" on the Pathology of Chorea. In conclusion, he says: "In fine, we have in chorea, first, a vasamotor paralysis and trophic disturbances affecting certain areas of the brain, and to a less extent the cord, then we have this becoming chronic, with connective tissue hyperplasis and degenerating changes in ganglionic cells and fibres." The flattering results attained by several physicians and reported to us, of the administion of R. & H. Three Chlorides, in chorea, would seem to add confirmation to the conclusion of Dr. Dana. As a means to promote the absorption and check the abnormal growth of connective tissue, mercury is recognized as one of the most reliable agents, while arsenic and iron are now, as heretofore, our principal reliance in this ofttimes persistent and annoying affection. We have the testimony of a number of physicians who have successively treated the most obstinate and long standing chorea by the use of from one to three bottles of "R. & H. Three Chlorides."

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REMOVAL.—The general offices and editorial rooms of the MEDICAL FORTNIGHTLY are now located at No. 911, Union Trust Building.

THE AMERICAN MEDICAL ASSOCIATION meets in Atlanta, Ga, May 5th, and all delegates to this society should embrace the opportunity of visiting "Lookout Inn," a magnificent and historic spot on the crest of Lookout Mountain, overlooking Chattanooga, Tenn. A special invitation is extended to physicians to spend a week with us, en route to Atlanta, and a complimentary rate will be made for the occasion. Trains up the Mountain make close connections in both the Central and Union Depots, Chattanooga, running through to the Inn without change. For further information and handsome, illustrated booklet, address M. S. GIBSON, Lookout Mountain, Tennessee.

UNSOLVED CRIMES.—There is a good deal of discussion now as to the number of "unsolved crimes" that have occurred in this city under present and previous police administration. There are 3,000 doctors in this city, and against every one there is, we venture to say, an average of two unsolved crimes in the shape of stolen overcoats, instruments, books, etc. The census of unsolved crimes against medical property in New York can not have been far from 5,000 in the last decade. We have never heard of the wonderful detective force under the later inspectors solving any of the humble problems that affect the property of the doctor—who has no "pull." —*N. Y. Med. Record.*

THE DR. L. CH. BOISLINIERE PRIZE ESSAY FUND.—At a general meeting of the medical profession, held on January 13, 1896, the undersigned were appointed a committee to determine upon and institute some suitable memorial in honor of our lamented and revered colleague, Dr. L. Ch. Boisliniere, and to solicit subscriptions from physicians and the public at large, in order to properly accomplish this object. After mature deliberation and free discussion, both in and out of the committee, as to the shape this memorial should take, it has been determined to found a Boisliniere Prize Essay, on some subject connected with obstetrics and gynecology, the award to be made triennially, and to be open to the competition of regular physicians in the United States. The committee believes that a memorial of this nature will not only keep in perpetual remembrance the name of our honored friend, but, also, in thus fostering medical science and encouraging talent and industry, we shall be working in his spirit and furthering objects that were very near to his own heart. The committee has also been very fortunate in obtaining the consent of the St. Louis Obstetrical and Gynecological Society to act as trustee for such sums as we may be able to secure, and this Association will also undertake the administration of the fund under the conditions set forth above. Mr. W. H. Lee, President of the Merchants Laclede National Bank, has kindly agreed to assume the duties of Honorary Treasurer, and will duly acknowledge subscriptions. All checks should be made payable to Mr. Lee. Committee: W. A. Hardaway, M. D., Chairman; E. H. Gregory, M. D., J. K. Bauduy, M. D., Jno. P. Bryson, M. D., Walter B. Dorsett, M. D., Secretary; E. S. Smith, M. D., J. Friedman, M. D.

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There are Others.

WITH its February issue *The St. Louis Baptist Hospital Bulletin* appears in a new and attractive cover. It will hereafter be known as *The St. Louis Hospital Bulletin*.

WE are in receipt of a copy of the *Alumni Register*, published by the Alumni Society of the University of Pennsylvania. It is a unique journal, and one which will no doubt be appreciated by the alumni of that great institution.

The St. Louis Clinique comes out like a spring tulip, with the red and white in pleasing contrast. We congratulate our neighbor, which under the able editorship of Dr. T. O. Summers, has made such agreeable advancements.

The Clinical Recorder, of New York, has asked to be placed on our exchange list. We will, with pleasure, comply with the request. This journal promises to be very useful, inasmuch as it is the organ of the new school of clinical medicine recently organized in New York, which already is making an excellent record.

The Medical Summary has just entered the estate of womanhood, the last issue celebrated the fact that she had reached her eighteenth birthday —although it is mid-lent she has adorned herself with spring apparel, and certainly presents an attractive exterior. The characteristics which have won favor for her in her youth will in her maternity make her a power for good.

OUR friend of college days, Dr. J. J. Taylor, of Philadelphia, has entered the arena as an editor and publisher; he makes his bow with a very commendable and promising journal, *The Medical Council*, which will aim to cover the field of those very essential branches to the successful practitioner, viz., obstetrics, diseases of women and children —the tripod of a physician's reputation in general practice. We wish it well.

WEIR'S INDEX TO THE MEDICAL PRESS.—We are advised of the early issue, from the press of Frank Weir & Company, 32 South street, New York, of a monthly magazine containing a complete index to the medical literature of the United States and Canada, including the transactions of the various national and state medical societies, reviews of the new books, and such other information as will be of interest to the medical student. For greater facility of reference, the sciences of medicine and surgery will be divided into their various departments; and under, proper sub-headings, will be appropriately indexed, in alphabetical order, every leading article, clinical report, etc., found in the press of the current month, together with the name of the author or contributor, the approximate space it occupies, the title, serial number, and cost of the periodical in which it is to be found. Each monthly number of this magazine will, therefore, be a reference work of constant value to the author, professor and specialist, as well as to the general practitioner—enabling him to follow closely in the trend of medical science, and avail himself at once of any matter of special interest to him. This magazine will be issued monthly at a subscription price of $3.00 per annum, single copies 25 cents, and the MEDICAL FORTNIGHTLY has arranged with the publishers to furnish the initial number of the *Index* free of charge to its subscribers, provided the request is sent in to *this office* before April 15th.

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CHARLES WOOD FASSETT, - Secretary and Business Manager.

THE MEDICAL FORTNIGHTLY is devoted to the Progress of the Practice and Science of Medicine and Surgery. Its aim is to present topics of interest and importance to the General Practitioner, and to this end, in addition to a well selected corps of Department Editors, it has secured correspondents in the leading Medical centers of Europe and America. News of Societies, and of interesting medical topics cordially invited.

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Editorial Department.

Care of the Feeble-Minded.

THE care and education of mentally defective children has become a department of medical work of great magnitude in this country. It is estimated that there are 10,000 such children in Pennsylvania alone, and 100,000 in the United States as a whole. This estimate is surprising, when we remember that this is a comparatively new country, and that its children are the progeny of many nationalities, intermarried, presumably a factor in eliminating racial weakness with a corresponding absence of the tendency to mental degeneracy. Whatever the speculation as to causes the effects are very much in evidence; even in the newer, more sparsely populated Western States, farthest from the distributing centre of foreign paupers and criminals. The aggregating of these children in "Homes" and schools under skilled supervision, serves the twofold purpose of protection and education. The females are protected from the association of low men and boys, and the probable propagation of those morally and mentally weak, while both sexes are, through the improved hygienic surroundings and routine of such institutions, immeasurably better provided for, from a humanitarian standpoint.

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It is shown by statistics that twenty per cent of those trained in schools for feeble-minded, became competent to earn a living, and that an additional twenty per cent are improved in self-care at least. Educators of these children do not of course engage to supply absent mental faculties, but to stimulate and exercise those having a latent existence; nature having failed in their evolution, either because of congenital inertia, or because clouded by diseased process.

The field of medicine continually broadens, and its departments open up endless avenues for the energies and ambitions of young medical men.

H. W.

The State Medical Society.

THE annual meeting of the Missouri State Medical Society will occur soon, and it behooves the medical man to prepare for this event. Many physicians ignore the State society, in fact ignore all medical associations, and live the life which eventually leads to fossilization. The State Medical Society is, we believe, the one society to which all members of the profession of the State, should belong. Every physician, whether he be but a recent graduate or "a man grown grey in the harness," can, and with profit, attend the meetings. It does a man good to "bump" against his fellow-practitioners. It removes the dust, the scale, the bark or the rust from off his too narrow existence, to get out among his fellows, compare notes, and try swords with them. It has its funny side too, for the conceited man generally gets it early and retires to his perch, refuses to sing, because the notes of the other fellows are discordant—the man who-knows-it-all, generally finds some one present in the meeting who has long since read the original (?) paper he is reading, and proceeds to show up the inconsistencies of the transposition. The man with assurance is liable to have his distended gall bladder tapped before he retires and so goes the merry war. But aside from such good missionary work, it is a fact that the State Society is the arena for more good work than even the American Medical Association with its many sections. Report your cases systematically, carefully, and you will be heard. Write your paper the same way; and in debate keep the main track, don't stop at every siding, and you will make a good record. Avoid the medical politician, who is figuring on the nomination to office. Take your wife with you, let her enjoy the recreation with you, and we are sure you will have a good time, and vote the State Society meetings a success.

The meeting this year will be held in Sedalia on Tuesday, Wednesday and Thursday, May 19, 20 and 21, convening at 10 A. M., on Tuesday, the 19th. Sedalia is the most central point of the State, easily accessible from every section, and has a reputation for her hospitality. One of the largest meetings in the history of the association is anticipated. An excellent program is being arranged and will be freely disseminated prior to the meeting, with a view to encouraging a liberal discussion. Reduced rates via the popular Missouri Pacific Railway.

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Clinical Teaching In St. Louis.

A TIMELY and much needed reform in clinical teaching will be inaugurated, by the authorities of the City Hospital, at the beginning of the next school year. Heretofore it has been the custom of the teachers conducting the clinics, to have the superintendent of the hospital supply them with a cases, needed to demonstrate special diseases, or operations in surgery; cases which were under the observation of the teacher just during the clinic hour; he demonstrated the features of the case, operated, etc., and then turned the case over to the hospital, never expecting to see it again, or ever giving a thought as to its needs. Owing to the tendency of physicians to sometimes disagree in diagnosis, confusion was occasioned by the teacher making one diagnosis, the hospital superintendent another, and inasmuch as the teacher is not an attending physician, and is not responsible for the after care and treatment of a case, his recommendations were never of much practical worth or value to a student, because they did not have a chance to see them carried out. And just here is the value of clinical teaching: one may demonstrate a case before a class, show points in diagnosis, but if he can also treat this case, and from time to time, according to circumstances and demands of the case, show the students the results of treatment, they profit greatly, otherwise this so-called clinical teaching at the City Hospital as now practiced, has but little value over didactic teaching. The new plan proposes to make the teachers attending physicians during their term of teaching service, and all cases which they present to the class, shall be under their care, and they shall be responsible for them, seeing them daily and administering to their needs. This will relieve the superintendent of the responsibility of the care of cases operated upon by others, and at the same time give the teacher a chance to show the students the correctness of his diagnosis and the success of his methods of treatment.

Clinical teaching in St. Louis needs much improvement, it is sadly deficient in method, not in the lack of material. Here is material enough if rightly used. The time is coming here in the West, as it already is in the East, that every successful medical college must have its own hospital. It is the college hospital which gives the training; clinical section work, coupled with didactic and recitation methods afford the most complete plan in medical instruction. This is a day of manual training and practical instruction, and to be alive to the times, medical education must adopt manual training methods. St. Louis has the reputation of having one of the foremost manual training schools in the United States. Now, let her enjoy the distinction of having the foremost clinical teaching medical colleges, and her fame will be perpetuated forever. Western students who have sought the Eastern colleges for the advantages which they present in clinical instruction, will come to St. Louis.

The greater clinical advantages, the greater the reputation of a medical college. Colleges boast of their laboratories, that they have so many microscopes, incubators, and what not, and boards of health rate colleges in the possession of these valuable methods of teaching. But how much more valuable is practical bedside instruction, where the student is brought face

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to face with disease, with accidents, with child-birth and operative procedures; how much better to rate a college on this basis, then there would be a weeding-out process, which would allow the more vigorous plants to grow, for hospitals are not as easily obtained as are microscopes and incubators. F. P. N.

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Craniotomy for Idiocy.

WHEN craniotomy or craniectomy was announced as a treatment for the relief of microcephalic idiocy some four or five years ago, the writer, at that time opposed the operation; first, on the grounds that the theory on which it was based, viz., a compressed brain, was wrong, that microcephalus was due to a defect of organic construction of the brain, and not to a lack of brain development; second, that whatever success did follow this operation, was due to the persistent pedagogic training of the child, by those having it in charge. On these grounds, the writer opposed no less an authority than Prof. W. W. Keen, an advocate of the operation, before the Association of Superintendents for Feeble Minded Institutions. And at a later period, before the American Medical Association, at Detroit, reiterated these views. It is a source of some gratification to read, now, from the pen of the eminent neurologist, Chas. L. Dana, of New York, in a paper read before the New York State Medical Society (*Pediatrics*, March 15th, 1896) the following words, conformitory to the position the writer took four years ago:

"I want in conclusion, to add one word as to the theory regarding its efficacy. The operation was originally devised on the theory, that by cutting open the skull of the microcephalic child, it gave an opportunity for the compressed brain to grow. This theory, which was never substantiated by facts, and never held by any experienced neurologist, has been, of course, overthrown, though to me it has always seemed like overthrowing a man of straw. * * * What the operation does do is this: It has profoundly disciplinary effect upon the idiot. * * * The operation of craniotomy upon children in institutions attracts the attention of nurses and all of the medical officers, and children get more care and more stimulating words and help in various directions. I would repeat, therefore, that it is, in my opinion, largely through its pedagogic influence that an improvement in these cases takes place, and that the operation is allied in its effects to a severe piece of castigation."

The writer had noticed, in his pathological studies of idiocy, before this operation was ever thought of, evidences of defective development (viz., absence of important portions of the cerebrum in microcephalus), which convinced him the theory was wrong. The history of the operation has followed the prediction made four years ago. "Ichabod" (the glory has departed) is indelibly stamped upon the operation. F. P. N.

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RAILWAY SURGEONS.—The annual meeting of the National Association of Railway Surgeons will be held in this city, on April 29, 30 and May 1. An elaborate program has been arranged, and a large attendance assured. Complete program will be issued in a few days.

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NECROLOGIC.

DR. C. G. COMEGYS.—It must be a source of a great deal of comfort to the relations of the late Dr. Cornelius G. Comegys, who died February 10th, at his home in Cincinnati, to read the resolutions passed by his friends and fellow-members of the Academy of Medicine. We recognize that resolutions may be and are passed by lodges, organizations, etc., which are but word pictures and freaks of rhetoric, but resolutions which come from the heart are not of this kind. We copy them in full, for their perusal will do every physician good; it will add courage, give hope and inspiration, especially to the young man in medicine, to have the characteristics of such a man placed before him. Medicine is a noble profession, and he who enters it determined to make such a success as was that of Dr. Comegys, will be rewarded.

In the death of Dr. Comegys the profession has lost a most beloved and respected member, the City of Cincinnati a most valued citizen, and the younger element of the medical profession a staunch supporter. Dr. Comegys was a man who could always be relied upon to fight for the right, and his constant and enthusiastic endeavors were to elevate the profession of medicine to the highest possible standpoint from both an ethical and scientific standpoint. Dr. Comegys belonged to the real school of chivalry and was, under all circumstances, a gentleman. His helping hand was always extended to help the poor and the young man who was ambitious and endowed with noble principles. He was one of the giants of our time and he died in harness, for up to the day of his being stricken he was at his work and keeping abreast of the progress of the science of medicine with as much vim and familiarity with all the discoveries and theories as the most ardent worker among the rising generation. In the sick room Dr. Comegys was the dignified and comforting visitor whose presence shed light to the clouded brain, encouragement to the disconsolate, peace to the troubled, and benefit to the afflicted, and his expressions of hope and comfort to the one who was crossing the dark river were like rays of sunshine appearing through the deepest gloom. The Cincinnati Academy of Medicine held a special meeting February 11, and adopted the following resolutions upon the death of Dr. Comegys:

"The medical profession is assembled today to express a last word in memory of their late associate, Dr. G. C. Comegys.

He was no ordinary man. For forty-eight years he has been a notable figure, not only to his profession, but as a citizen of pure life, of honest purposes, serving the public faithfully and with great ability in various positions.

In all of his relations with us, his professional brethren, he was a gentleman, moved by the spirit of doing unto others as he would have others do unto him. He detested everything that savored of the empiric.

A man of gentle, liberal spirit, he was charitable and forgiving. He was, indeed, the friend of his profession, esteeming its object to prevent disease and to do good to all. He was the friend of young men, and by his words of encouragement and his example did much to aid them. Yes, he did much to elevate the tone of the profession in this city.

Dr. Comegys was a man of superior intellect. He fully exemplified the fact that the strong physician is one whose mind is not "cabbined, cribbed or confined" by strictly technical and professional reading, but enlarged by all collateral studies and observation. He very early achieved a prominent place as a practitioner. He was a sound counselor, a good clinician, a clear lecturer and teacher. He was the advocate of higher education for the people and for medical students. He did much by word and deed to further this great object.

He believed his profession in its ability to do good mentally, morally and physically, superior to any other. He often spoke of the power of the good, able physician.

He originated the idea of having a board of health created by Congress, whose head should be a physician and a cabinet officer. His idea will yet take form. He advocated that physicians should be representatives of the people in Congress and the state legislatures.

A man of deep religious convictions, and yet charitable to all, he was dominated by the spirit of walking humbly and acting mercifully, serving Him whom he regarded as his Master and Savior. He did not believe that it is all of life to live or all of death to die.

He belonged to the time when the general practitioner was not only the medical advisor, but the counselor and friend of his clients. There were giants in those days. Up to a few days before his death our departed friend showed the ability and superiority of the general practitioner.

He is an example for every young struggling man. His honesty, his high tone, his noble purposes, his usefulness, should impress his memory on all. Let us cherish it.

(Signed) JOHN A. MURPHY,
B. P. GOODE,
WM. H. TAYLOR,
JOSEPH EICHBERG.

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DR. C. H. DIXON has removed his office from 500 North Jefferson Ave. to 2606 Locust street.

PROF. ALEXANDER J. C. SKENE, of Brooklyn, N. Y., has been elected honorary fellow of the Edinburgh Obstetrical Society.

DR. PHILIP HEUER has resigned the position of senior assistant at the City Hospital, and will enter private practice. Dr. Heuer has proven himself a most efficient physician, and especially adapted for hospital work. We regret that he leaves the city's institution.

IN our issue for April 1st, *Typo* made us congratulate the *Medical Summary* for more than was intended. Certainly maturity and maternity are both states worthy of congratulation, but, so far as we know, the only fruit of the *Summary's* maturity is a fund of originality and sound sense; in these she is indeed prolific. H.

TO OUR EXCHANGES.—We have the pleasure of announcing that the offices of the MEDICAL FORTNIGHTLY have been removed from 1006 Olive street to more convenient quarters in the Union Trust Building. We would appreciate a *prompt change on your address list*, so that we need experience no delay in receiving your valued journal. All matter should be addressed to THE MEDICAL FORTNIGHTLY, 911 Union Trust Building, St. Louis, U.S.A.

PHAGOCYTOSIS.—Dr. Thos. Osmund Summers will contribute shortly to the MEDICAL FORTNIGHTLY a paper on "Phagocytosis." We are pleased to have the privilege of publishing this paper, inasmuch as it is a masterly scientific study in the newer fields of physiological and pathological research. It is a contribution worthy of the high attainments of this gifted author, and we bespeak for the readers a paper from which they will derive much pleasure and profit.

NEW SOCIETY.—The Western Society of Eye, Throat and Nose Surgeons was formed at Kansas City, April 9th, and the following officers were elected: President, Dr. Adolph Alt, St. Louis; first vice-president, Dr. B. E. Fryer, Kansas City; second vice-president, Dr. W. C. Pipino, Des Moines; third vice-president, Dr. J. W. Martindale, Minneapolis; treasurer, Dr. W. L. Dayton, Lincoln, Neb.; secretary, Dr. Hal Foster, Kansas City. The FORTNIGHTLY was represented by Miss Dixie Sterne, and our next issue will contain report of the proceedings. The next annual meeting will be held in St. Louis, April, 1897.

MEDICAL MEN TO AVOID.—The one who has acute exacerbations of insanity when exposed to any one new fad. The one who always sees hundreds of cases of a rare disease. The one who can always match your case and improve on your treatment. The one who always finds you have omitted something in the examination of your case. The one who thinks he can talk well, and is always ready to discuss any paper of the evening. The one who is always ready to do the new operation. The one who is in a chronic fear of being anticipated in his important discoveries. The one who in consultation, feels it his conscientious duty to explain to the patient why he differs with the attending physician.—*Medical Record.*

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Original Department.

PAPERS for the Original department should be in hand one month in advance, and contributed to THE MEDICAL FORTNIGHTLY exclusively. A liberal number of extra copies will be furnished authors, and reprints may be obtained at reasonable rates, if request accompanies the manuscript. Engravings from photographs furnished free.

☞ Signature of contributor, for reproduction, should be sent with every article, on a separate slip; use heavy ink, and allow autograph to dry without applying blotter.

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Clinical Lecture

REPORTED EXPRESSLY FOR THE MEDICAL FORTNIGHTLY.

The Surgical Treatment of Retrodisplacements of the Uterus.

BY A. J. C. SKENE, M. D.,

Dean and Professor of Diseases of Women, Long Island Hospital, Brooklyn, N. Y.

GENTLEMEN, this patient seeks relief from pain in the inguinal regions, pelvic tenesmus, dysmenorrhœa, and frequent urination. Her clinical history as she tells it is, that she is twenty-eight years old, married four years and had one child three years ago. Before her marriage and from the period of puberty she was subject to frequent attacks of headache and painful menstruation, her symptoms now are the same as in her earlier life. Five years ago she entered one of the hospitals in New York and was under the care of a gynecologist who did an Alexander's operation for her. That is to say he shortened the round ligaments, for the purpose, no doubt of correcting some backward displacement of the uterus. According to the patient's account she was not relieved by the treatment at the time she was in the hospital and she declares that she is worse now than she ever was. That much of her autobiography is perhaps not quite correct. Many patients who relapse, or have another attack of the same affection, forget the intervening period of health, and that may be the case with this one. However there is no doubt that she suffers more now than ever before.

Examining the pelvic organs I find an anteflexion and fixation of uterus. The fundus uteri is close to the pubes and I cannot push it back into its normal position. There is also a cervical endometritis.

There is tenderness in both inguinal regions and pain at these points upon exercising, as already stated. Inspecting the lower third of the abdomen you see a peculiar condition of things. You observe, first, two scars, about two and a half or three inches long situated over the inguinal rings. These scars run from above downward and inward to Poupart's ligament, and are the result of incised wounds as shown by their clean outlines and the suture marks on the skin on both sides.

These physical signs agree with the statement that an Alexander's operation was performed sometime ago. You may also see these elevations, one in the center of each scar, the one on the right side being the most prominent. Placing my finger upon this one I find that it is soft, elastic, tympanitic on percussion, and when the patient coughs an impulse is conveyed to my fin-

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gers and the protrusions are increased by the pressure downward from the patient's coughing. These physical signs taken in connection with the rest of the clinical history clearly indicate that this patient has double inguinal hernia.

The herniæ account for the pain in the inguinal regions and also for some of the intestinal or abdominul pain that she suffers at times. Her dysmenorrhœa and functional disturbance of the bladder remain to be accounted for. You remember that I found an anteflexion and fixation of the uterus. The fundus uteri rests against the pubes and is held fast there by the round ligaments being too short. This encroachment of the uterus upon the territory of the bladder causes the frequent micturition which worries the patient so much.

The diagnosis then, is, as already outlined, inguinal hernia, anteflexion and fixation of the uterus and all the secondary derangements of the nutritive and nervous systems that usually arise from such local affections.

Most, if not all of this patient's recent suffering, followed the treatment employed to relieve her of her original affection and hence appears to have been the cause of her present condition, in part at least. It is possible that the ligaments were shortened too much, and hence the anteflexion and fixation of the uterus that we now find. If such is the fact the operator is responsible, not the operation. The herniæ are due to the operation I presume. I am fully satisfied that no matter how carefully one may do an Alexander's operation the abdominal wall is sometimes weakened at the point where the incision is made and the patient is predisposed to hernia. There is no trouble immediately after the operation but in after years when the scar tissue is absorbed the wall of the abdomen is weakened and hernia is likely to follow, and it does occur in some cases. This one now before us is an example, and I have seen two others who had hernia following this operation. These cases having been operated upon by experts and having such results compel me to believe that there are many others, for it is hardly possible that all the cases with imperfect results should have come under my observation. While you are estimating the merits and advantages of of any surgical procedure you must always notice well its advantages. I especially call your attention to this subject because you will hear enough about the success of Alexander's operation (and not enough perhaps of limitations of its usefulness), if you derive all your information from the strongest advocates of this treatment of retro-displacements of the uterus.

I must also remind you of the fact that this operation sometimes fails entirely to correct the displacement. I hope you remember two cases that I presented at my clinic who had been operated upon and derived no benefit whatever, and the cause of failure in those cases was, in my opinion, a defect or absence of the round ligaments. One of these cases you saw at my clinic on September 12th, 1895.

During my investigations of retrodisplacements of the uterus I have found the round ligaments defective, in some cases. This led me to the conclusion, early in my teaching days, that atrophy or imperfect development of this ligament was one of the most frequent cause of backward dislocations of the uterus I have also found that retroflexion, occurring among

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nullipara was sometimes accompanied with a defect in the round ligaments due, I presume. to a lack of development. In those who had acquired retroversion or flexion, I presume, that the defect was due to atrophy.

During the past week I have seen two cases that fully illustrate the point in question. One was a married lady about thirty years of age who had borne two children. For six years she had suffered from a retroflexion of the uterus. For two years she had been tormented with a painful left ovary. She had been treated by several practitioners, during the six years, before coming to me. Finding it impossible to keep the uterus in place by any support I determined at once to do a temporary ventral fixation of the uterus. In my bimanual examination I could not feel the round ligaments and on direct inspection after opening the abdomen, no trace of them could be found. You may remember that I removed the uterus and ovaries at my clinic two weeks ago, and you remember that no evidence of the presence of round ligaments could be found. This case was a very fortunate one for investigation. I called your attention to the fact that the portion of the broad ligament, where the round ligament should be, contained no trace of it. Between the folds of the peritoneum where this ligament should be found, there was nothing found but areolar tissue. This you remember, I hope. These two cases were much the same as others that I have examined heretofore.

I have consulted with my associates on this subject and have found that their experiences coincide with my own. I asked Dr. Browning, professor of anatomy, about this ligament and he said that he found it ill defined in some of his subjects and so difficult to demonstrate to his classes that he often ignored it altogether. Dr. Lewis, formerly professor of anatomy, and Dr. F. H. Colton, at one time demonstrater of anatomy gave me the same account of their observations regarding this ligament.

Another fact I have made out, namely, that in cases of retroverson the round ligament is at first stretched and then becomes atrophied beginning first in the middle of the ligament and becoming complete there while the uterine and abdominal ends are last to give way. This explains the fact that in doing Alexander's operation the end of the ligaments is sometimes found in the inguinal ring fairly weil developed while there is not a trace of it left in the abdominal cavity except within an inch of the uterus where a few fibers may or may not be found. Further confirmation of this opinion has been obtained in having seen expert surgeons of large experience fail to find the external end of the round ligament, in a most careful dissection. This, I presume, is a reasonable explanation of the failures that occasionally come to light.

At first I was led to suppose that I was the only surgeon who was occasionally unsuccessful with Alexander's operation, but I have seen cases of complete failure in the practice of those who had the most extensive experience and made the largest claims for their results. In place of the operation growing in favor with me I find fewer cases in which it is indicated at all and more where it is contraindicated, owing to the condition of the ligaments. At first and for some time after Alexander devised the operation, I was fearful that I was not giving my patients the full benefit of this opera-

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tion. I was troubled also with the thought that I might be keeping from you some valuable facts while I was waiting for good reliable evidence by more than one witness, that this method of treating retrodisplacements of the uterus was reliable and had a prominent place in surgery claimed for it.

Now I am fully satisfied that this operation is valuable, but limited in its usefulness. I now employ it in one class of cases, namely, retroversion or retroflexion accompanied with prolapsus of the ovaries and without adhesions. In such cases the uterus can be restored to its normal position, but cannot be held there by mechanical support owing to the ovaries being in the way. You have seen a number of such cases at this clinic, where pessaries had been employed but caused so much pain by pressure upon the ovaries that they had to be given up. Such cases are incurable by the old method of replacement and support, but are promptly relieved by Alexander's operation, providing the round ligaments are all right. To this extent I endorse this operation, in the cases referred to, and commend it to you as a most valuable procedure. It has been brought into disfavor, like many other good things, by being overdone.

The advocates of this operation claim that it has one great advantage that I have not referred to, and that is, the short time required to cure displacements in this way. I have never found that patients saved time or money by Alexander's operation, if they were curable in the old way. In treating a retroversion the patient is under observation longer, but she is not so long off duty, as in undergoing Alexander's operation, and hence does not lose as much time. To the surgeon who likes to operate and does not very well understand other ways of treating displacements, this operation has a wide range of application, and is popular with patients who like to be cured quickly. Still in all this I find no good reasons for modifying my opinion as given to you regarding the indication for the employment of Alexander's operation.

Here is another case that shows the value of *ventral fixation* for the relief of retroflexion of the uterus complicated with disease, and displacement of the left ovary.

You can see that she appears to be well, and she informs us that she feels like a new woman since her operation. In order that you may understand the nature of the operation and the necessity for it, I must give you the chief facts in her previous history:

She is 29 years of age, married and had three children, the last, a delicate one, is now three years old. She first consulted us here about two months ago, when she told us that she had been ailing about eight years, and been under the care of physicians most of that time.

She suffers greatly from pelvic pain caused, her medical attendants said, by displacement of the uterus. All efforts to relieve her by the use of pessaries made her worse. When I first saw her she was suffering from neurasthenia in a marked degree, her digestion was poor and her nutrition bad. She complained bitterly of a continual dull aching pain in the left side of the pelvis, which was agravated by standing or walking. A bimanual examination revealed the fact that the uterus was large, from incomplete involution, and retroflexed. The left ovary was twice its normal size and

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exceedingly tender to the touch. The ovary had descended to the most dependent part of the sac of Douglas.

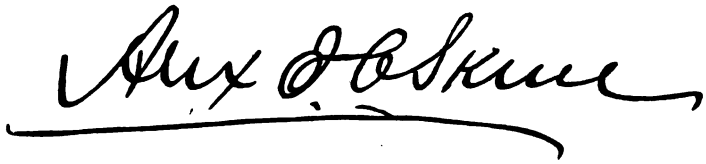
This condition of things fully accounted for the patient's suffering and why all efforts to overcome the displacement of the uterus with pessaries had not only failed but made the patient much worse.

This case illustrates the interesting fact that I have called attention to many times, namely, that retrodisplacements of the uterus complicated with prolapsed ovaries cannot be relieved by pessaries. In such cases ventral fixation of the uterus is indicated and removal of the ovaries if they are diseased as well as displaced. That surgical treatment was carried out for this patient with the happiest results as you see.

After opening the abdominal cavity, I should say after a cœliotomy, I found the left ovary diseased beyond hope of recovery so I removed it. I then did the operation of temporary fixation of the uterus to the abdominal wall.

Hysterorrhaphy or ventral fixation of the uterus, for the relief of displacements of the uterus is intended to be a permanent thing, but I have looked upon this procedure as objectionable, first because it is an abnormal condition, and on theoretical grounds it is not good surgery to produce one morbid state to cure another if it can be avoided; and in the second place this fixation of an organ that should be movable quite often, causes suffering as bad or worse than the displacement.

For these reasons I have not been fully satisfied with this ventral fixation described in the books and practiced by surgeons generally. I have therefore made the fixations so delicate that in time they give way and leave the uterus free as it should be. The way of doing this operation is very simple in principle, but requires considerable skill and care to do it well. The object is to fasten the utero-ovarian ligaments, (at their junction with the uterus), to the inner side of the abdominal wall with a chromatized catgut suture. Adhesions are formed between the surfaces thus held together, that are strong enough to hold the uterus in place for a while, but will give way in the course of time. During the period of fixation the natural supports of the uterus regain their strength, and hold the organ in place after the artificial fixation has given away. Much care is necessary in selecting the place upon the peritoneal surface where the sutures should be introduced. First, one should measure the width of the uterus at the point where the sutures are to be, and a little more than half of that represents the distance that each suture should be from the median line incision. Then the distance from the pubic bones upwards to where the lower part of the suture should be, about the thickness of the uterus, plus three quarters of an inch from the pubes.



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The Education of Girls.

BY H. WORK, M. D.,

PUEBLO, COLO.

DISEASES of childhood and of womanhood have occupied the earnest attention of our best physicians, especially for the past decade, to much purpose; but the intervening period of girlhood, which covers her life from menstruation to marriage or adult life, has been entrusted to the music teacher or "finishing" school, while the family physician stands idly by, and the gynecologist cudgels his brain to devise new operations for her relief.

The urgent problem for medical men no longer is how to treat physically wrecked women, but how to avoid the storms. This is an age of preventive medicine, and the prevention of the congenital defective; the adolescent hysteroid and the adult neurasthenic, should be included in the newer science.

The primary concept in these premises, brings us at once to the mother whose qualifications are determined by the physical of the girl, as moulded during this critical period. There is much evidence indicating that the present social, educational and home training of the average young American girl is inimical, if not pernicious, to her highest physical and mental development, and that her social environments tend to foster and develop the acquired neuroses at the critical time in every girl's life, when the generative organs emerge from the quiescent state into that of physiologic activity.

So great are the influences of the ovaries at puberty, that the flat-breasted, slim limbed, thoughtless girl of a year previous becomes the self-conscious and emotional creature of adolescence. At this point, when the whole mental and physical are being metamorphosed in conformity with natural laws, the usages of custom prescribe that she be taken in hand by the socially ambitious mother and the needy music master to be broken, figuratively and literally, for young womanhood.

The brief histories of six girls now under treatment, will serve to illustrate this class of weaklings, fast becoming familiar features in the office practice of every practitioner of general medicine.

Miss F., aet. 15, parents living and healthy; enjoyed almost perfect health until 11 years old, when she menstruated normally. Being an only child, and her parents in good circumstances, it was determined to give her the fullest possible education, and she was, moreover, very much indulged. At 13, fugitive neuralgic pains began to trouble her, gastric pain crises supervened, which confined her to bed for two days at short intervals, independent of the menstrual flow, which later became scanty, painful, and either anticipating or delayed. One study after another was dropped, music substituted, and two hours daily piano practice endured. Medical advice was sought, because of the painful gastric crises which had become more frequent and violent. The arrival or expectation of a friend being sufficient to excite an attack. Coccygeal pains prohibited the sitting posture for any considerable length of time, and she was in short a confirmed neu-

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rasthenic, with the general appearance of a girl approaching puberty, rather than of one having four years previously passed it.

Miss H., aet. 16, of healthy parentage and, to my personal knowledge, in good health up to two years ago, when she menstruated normally, and has since followed the prescribed course in the high school. One year ago a misguided friend gave her a piano, and a music master was employed to further stimulate the waning energies. After a few months harrassing, she requested medical advice, as her mother feared diabetes. She was indeed passing an increased amount of limpid urine loaded with phospates. She slept poorly, and an innocent anychia had been sufficient to put her to bed. She had become unable to wash dishes without dropping them, and a few minutes' piano practice would unnerve her for the day.

Miss D., aet. 18, of exceptionally robust Welsh parents, consulted me two months ago, because of backache. Examination disclosed the drooping shoulder and spinal deviation of an occupation curvature. Long hours at the desk, with long walks to and from school, with the arm of the low shoulder full of books, followed by an hour's piano practice after school and night study comprised the daily duties of this slight girl. She has practically ceased to menstruate. If accomplished at all it is with much pain and little flow. The chest is distorted, and she is an invalid, a physical maldevelopment and a neurasthenic.

Miss B., aet. 19, good heredity; had been a student in the State University for two years. For five years she had been an incessant student, intent on graduation honors. Medical advice was requested for the relief of a cough and progressive weakness. Cord symptoms suggested posterior spinal sclerosis, and the was examined for symptoms of this trouble. In a few days she had learned the typical symptoms of this disease, and some of the less common ones as well, and believed she suffered all of them. The gait, however, became typical of hysteria; menstrual disturbances were regular symptoms, the periods being delayed from two to three months. She later became sleepless, suspicious and utterly helpless when under observation. A course of studied neglect was necessary to restore to her a degree of mental control.

The case of Miss S., aet. 19, good heredity, is similar to the first case described, except that stimulation of the emotions resulted in vertigo or syncope instead of gastric pain, but the same hysterical spinal symptoms were present.

Miss A., aet. 20, of good heredity, immediately upon being released from the usual process of "finishing," detailed a similar history of nervous disturbances and menstrual irregularities as did the preceding cases, and sought relief from convulsive seizures which followed slight excitement, and had been growing more frequent.

In none of these patients was there definable organic disease, they were all of good heredity, had been subjected to the same duties in different homes and schools, and presented the same general symptoms. Pain when menstruating, or passing at some time (with one exception) increased quantities of limpid urine; of being nervous, of having no endurance, inability to read or study continuously; of pains and irritable hearts. These are not

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selected cases, nor yet taken from the practice of a specialist in nervous diseases, but simply a feature of general practice.

In an increasing number of our young girls, the sexual development seems to cease soon after the advent of puberty, and instead of mammary glands for the nourishment of offspring, and a broad pelvis for the support of its contents; the sternum is most prominent and the ilii vertical, as in the male. Instead of an inclination to domestic avocations and the cultivation of those traits of character once thought to render them attractive, there is a growing disposition to affect the clothing of the opposite sex and select masculine pursuits.

The ultra "new woman" has not been of spontaneous generation, but she is, apparently, the result of blighted instincts evolved in place of the distinctly feminine emotion, which in childhood attaches the girl as closely to the rag doll as to the painted mechanical wonder, and in womanhood insures the most tender care for the helplessly deformed.

There is some reason to apprehend that the remote cause of our poorly developed neurasthenic girls, is the misguided efforts of parents and educators to make young ladies of children, and mentally matured women of girls, with the inevitable result that many of them will at forty years be parodies on their placid grandmothers of eighty; and there is accumulating evidence for the belief, that the immediate cause of their breaking down is excessive mental stimulation. In addition to the school pressure allotted to the average girl of sixteen, many of these brain-fagged girls of unbalanced nervous systems, go at once after school hours, to the piano teacher. Music is called upon to further stimulate the already depressed nervous centers, and their exhaustion is accomplished. The nervously tired stomach craves no supper, and laboriously digests what is forced into it; often embarrassed by the lunches and the excitement of an evening party, a musicale, church festival or a scorching wheel party, each a potent device for wrecking the nervous systems of tired, excitable girls, by excessively stimulating them when exhausted, and occupying time demanded by nature for sleep.

The glow of expectation, and the blanching of anxiety and mental depression, seen in the face, are coincident in time with a vaso-motor disturbances of other surfaces and organs, and indicate a corresponding congestion or depletion of some adjacent or distant organ. The stimulation of any organ means its physiologic congestion; if continuous it becomes pathologic. The constant blanching of an organ like the ovary, results in its starvation, and from either extreme arises the nerve mimicry of uterine disease, for which young girls have been subjected to moral rapes that diseases might be relieved, which existed only in fancy.

What may be expected of the woman, if these organs which determine sex are starved, or morbidly congested, or blighted in the girl. It would naturally follow that the monthly molimen would be atypical, and that the maternal instincts and a perfect female physical, would not be possible for those in whom the origin of these traits was abnormal.

The physiologic defects in the sexual organs result in their abnormal function and mental influence, and the desires, perceptions and intellect are as likely to be masculine as feminine, or possibly held in abeyance. The

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sympathetic relation between the mental and sexual organs of the girl is such that she can be neither capable mentally, nor attractive physically, if this dependence is disturbed.

It seems probable that an exciting cause of the female sexual perverts; not the extreme cases, but those barren of sexual and maternal instincts, aspiring to anything rather than to motherhood, seeking marriage for its temporal protection only; is faulty processes of education, and that the popular training of our young girls is inconsistent with the sole purpose of their creation. That girls may become women, in all the term implies, they should be physically, morally and mentally trained, not alone mentally strained. Character and health are the two requisites for motherhood; other traits are accessories, but the popular systems of mental stimulation now in vogue precludes the possibility of either.

Apparently the growing girl cannot mature at once, the dual functions of womanhood and that degree of intellect demanded from the girls of our finishing schools; either the menstrual phenomena will become abnormal, or the mind will be less acute, or through nervous relations, both will suffer. It is a matter of common knowledge among us, that a profound mental impression will stop menstruation already begun, and a fear of pregnancy may delay it. It has been demonstrated, too, that mental processes produces rhythmic contractions of the bladder, nor is the pregnant womb or bowels exempt from mental influences. There is a clearly defined "mental" dyspepsia, and we now know, what was once a belief only, that death may occur from a "broken heart," not literally of its ruptured muscle, but by the emotions acting so powerfully through the pneumogastric nerves, that death ensues. Long continued mental application under pressure, necessarily increases the circulation within the brain, with the immediate effect that it is overfed, the more remote effects being the overwrought brain, impaired digestion, poorly nourished spinal system and anemic ovaries, typical of the girl for whom the one thought is entertained; the idea that she must be "intellectual."

No one can doubt that nervousness in school girls is increasing out of all proportion to the increase of population, and it is unfortunately true, that it is a much cultivated vice, but the requirements of any system of stimulation that graduates girls at seventeen, and demands of them that degree of knowledge our higher schools do, will graduate neurasthenics and scholars from imitation and memory.

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Well Balanced.—We have received from the MEDICAL FORTNIGHTLY, of St. Louis, an elegant booklet, containing twenty-five half-tone portraits, representing Dr. Frank Parsons Norbury, managing editor, Drs. Work and Hopkins, associates; Charles Wood Fassett, secretary; together with the twenty-one department editors. We congratulate the FORTNIGHTLY for its enterprise, and this enterprise, we are happy to say, seems evenly balanced with literary merit.—*N. Y. State Med. Reporter.*

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The Medical Fortnightly

The Practical Nourishment of Infantile Invalids.

BY W. THORNTON PARKER, M. D.,

GROVELAND, MASS.

ONE of the most perplexing problems which confronts the physician in the care of the sick, is that of providing suitable nutriment to sustain the patient in his battle for life. More especially is this true in the management of infants and children. Even in those cases where it would seem as if everything which money can obtain were at the disposal of the physician, he is still perplexed to know what is best to employ. We have at the present time a large number of excellent nutriments, some of them possess very decided sustaining properties; but these are not always available, neither are they convenient to prepare, or agreeable to the sensitive taste of little invalids. It has been very truthfully stated, that the very efforts made by physicians to supply suitable nutriment, are proof positive, if proof were needed, that diet is of the first importance in nursing the sick. And yet what physician of experience is not constantly coming in contact with medical attendants who seem to be ignorant or careless in this particular.

So many seem to regard therapeutics as of primary importance, and in their earnest attention to medicinal agents, neglect the more urgent call for rational sustaining treatment. A very large proportion of little patients perish through starvation, or because the nutriment provided for them is not suitable.

At present, I am inclined to give the preference in the treatment of infants, where more or less fever is present to the new nutriment called Somatose. What is equally desirable in a nutrient, is that it shall contain the largest quantity of available food capable of being utilized successfully to repair the inroads of disease caused by the consumption of the tissues of the body, which always takes place in fever.

Somatose is an albuminous food substance, which increases the nourishing properties of cow's milk. "Somatose contains the nutrient elements of meat in a soluble and digestive form, so that they are readily and rapidly taken up into the system of the infant, as well as the lime salts which are absolutely necessary for the growth of the bones; and it has the further advantage, that its addition to milk helps to prevent the curdling of caseine in large firm masses." Somatose should be given in small doses, frequently repeated.

This preparation has won my confidence, in that it possesses decided sustaining properties, and that it does not disturb the stomach, and that it does decidedly recuperate tne patient. It is to be recommended, because it is tasteless and odorless, does not excite repugnance, and its use can be continued for many days. I have used it in cases of diphtheria, scarlet fever, typhoid fever, pneumonia, and in disorders of the intestinal tract, where the question of nutriment was especially perplexing.

My own experience justifies me in agreeing with Dr. Bosse, that in Somatose we have practically solved the problem of infant nourishment.

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Reports on Progress.

COMPRISING THE REGULAR CONTRIBUTIONS OF THE FORTNIGHTLY DEPARTMENT STAFF.

OPHTHALMOLOGY

BY J. ELLIS. JENNINGS, M. D.,

SAINT LOUIS

Penetrating Wounds of the Eyeball.

Casey A. Wood (Medical News, August 10, 1895.)

In considering the advisability of enucleation after penetrating wounds of the eyeball, Dr. Wood suggests the following rules:

1. As long as the wound heals without difficulty and no sympathetic irritation exists, I would treat with rest and antiseptics, and would not remove an eye whose injury is confined to the cornea, iris and lens.

2. I would not enucleate an eye containing a foreign body when the injury was confined to these tissues and the foreign body could be removed.

3. I would not remove an eye containing a foreign body when the injury was confined to these tissues and the foreign body could be removed.

3. I would not remove an eye containing a foreign body if there were no injury in the ciliary region, and the missile had passed through the posterior wall of the globe.

4. I would not immediately excise an eye injured by small shot (which are usually aseptic missiles), even if the wound were in the ciliary region, provided the patient could be occasionally seen by an oculist.

5. I would always excise an eye that contains a foreign body that could not be removed.

6. I would excise an eye in which the ciliary body had been injured, even if the sight were not much affected thereby. The only exceptions I would make to this rule are small gunshot wounds, cases in which the second eye is useless or had been removed, and those instances in which there is no continued uveitis of the injured eye; provided always that the patient could be frequently seen by an oculist. For the average man, however, excision or exenteration would be, by far, the safest procedure in the last instance. When loss of sight goes along with ciliary involvement, there can be no argument in favor of retaining the eye.

7. When once ophthalmia migratoria has set in, it is wise to retain the injured eye, if there be any sight in it, as eventually it may be the better of the two.

8. It is safe and proper to remove all continually tender or inflamed eyes of adults whose vision has been lost from a penetrating wound in whatever region of the globe.

9. It is highly desirable to retain the eyeball in patients under twenty years of age, if it can be done with safety to the better eye, as earlier removal of the globe retards the growth and development of the corresponding orbit, and greatly alters and mars the facial expression.

The Value of Scopolamin Hydrochlorat in Testing Refraction.

T. E. Murrell, Annals of Ophthalmology and Otology, Vol. IV., No. 4.

As pointed out by Dr. Hobbs, scopolamin has powerful toxic properties when used in too strong solution. According to tests made, he finds the drug quite free from systemic effect when of less than one-fifth of 1 per cent strength, while its cycloplegic effect is positive as low as one-eightieth of 1 per cent. To be within safe bounds as to its toxic effects and on the certain side as to its cycloplegic properties, I use one-tenth of 1 per cent solution also containing ten grs. boric acid to the ounce. I have now used scopolamin fifty-seven times, in both eyes in every instance except one. With a small pipette a drop—about a fourth of a minim—is let fall on the upper margin of the cornea. In fifteen minutes this is repeated. In one hour from the first application the eye is

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ready for examination. In ten minutes from the first drop the pupil shows dilation and almost at the same time near vision shows slight confusion. In five more minutes the pupil is widely dilated and the patient is unable to read small print at twelve inches. Paralysis of the accommodation follows rapidly, and I have seen no case in which I had any want of total suspension of accommodation at the end of one hour from the first instillation.

There is no evidence of a particle of local irritation, for the ocular conjunctiva is not injected in the least, but rather, it has occurred to me, it is paler than normal. Ocular tension seems to be in no way modified. The patient complains of no discomfort whatever, further than the ability to see well. I have not been able to follow my cases closely to the end, but there is evidence of returning accommodation in twenty-four hours in some cases, and in forty-eight in all, and in seventy-two hours reading ability has returned almost invariably.

My observations would lead me to believe that the one-tenth of 1 per cent of hydrochlorat of scopolamin is absolutely positive in its control of accommodation, and therefore reliable from one to twelve hours after instillation. It possesses the following advantages over any other cycloplegic: In proper strength, it is non-toxic; it is absolute in its control of accommodation; it is the least trouble of any to use, requiring less time and attention of the surgeon, and never requires to be given out like atropine; it is convenient, in that the examination can be made at any time agreeable to surgeon or patient within twelve or more hours; it keeps well and lasts long, one grain being enough to test the refraction of 500 persons. While its duration is somewhat longer than homatropin, it is very little, and is a wonderful shortening of the time compared with atropine.

Spontaneous Extrusion of a Piece of Iron Through the Cornea.

Hansell Medical News, Philadelphia.

A. W., aged thirty years, presented himself at the out-patient eye department of the Jefferson Hospital in March, 1895, complaining of pain due to the presence of a piece of iron in the left eye. I found projecting from the most inferior part of the cornea, just above the scleral margin, a dull, black, pointed object. Palpation with a spud showed that it was metallic, as a sharp click could be easily heard and a grating sensation was felt as the point of the instrument passed over it. The pericorneal vessels were markedly injected; the cornea in the immediate neighborhood was opaque; the anterior chamber was of normal depth; the pupil was mobile and cone-shaped, the point of the cone below; the iris was attached in one or two places to the anterior capsule and to the cornea at the site of the black point; the capsule was slightly opaque, with a few streaks of opacity running backward through the lens. The patient stated that fifteen years before, while breaking rock with a pick-axe, a minute fragment of the point of the axe flew into the left eye. Severe inflammation and partial loss of vision followed. The signs of inflammation disappeared in the course of a few weeks, to recur with greater or less severity every few months. The man assured me that this was the only traumatism that had ever happened to that eye, and that he, his medical advisers, and his friends had known that the eye contained a foreign body from the time of the accident. He had hitherto declined all suggestions to have it removed. V—20|50. Accommodation and the visual field were apparently undisturbed, though these points could not be accurately determined. The man was admitted into the hospital, and, after some fruitless attempts at removal, the foreign body was extracted by dissecting it out from the cornea. A four-volt battery, strong enough to attract the iron and to distort the cornea, was of no service in dislodging the body, because its rough surfaces and edges were firmly held by corneal and inflammatory tissue. The patient recovered in a day or two, with vision unchanged. The piece of iron I have the pleasure of showing you weighs a little less than two grains.

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The Reviewer's Table.

Books, pamphlets, instruments, etc., for this department, should be sent to the Managing Editor, Union Trust Bldg

COLOR VISION AND COLOR-BLINDNESS. A Practical Manual for Railroad Surgeons.—By J. Ellis Jennings, M. D. (Univ. Penna.), Formerly Clinical Assistant Royal London Opthalmic Hospital (Moorfields); Lecturer on Ophthalmoscopy and Chief of the Eye and Ear Clinic in the Beaumont Hospital Medical College; Ophthalmic and Aural Surgeon to the St. Louis Mullanphy and Methodist Deaconess Hospitals; Consulting Oculist to the Missouri, Kansas & Texas Railway System; Fellow of the British Laryngological and Rhinological Association; Secretary of the St. Louis Medical Society. Illustrated with One Colored Full Page Plate and Twenty-one P..oto Engravings. Crown Octavo, 110 Pages. Cloth, $1.00 net. Philadelphia: The F. A. Davis Co., Publishers, 1914 and 1916 Cherry Street.

The author states in his preface, in reference to the detection of color-blindness: "The methods now employed have proved practical and efficient, and there is every reason to believe that all the railroads in this country would take measures to weed out the color-blind from the service, if the frequency and dangers of the affection were brought to their notice. It is with the hope of stimulating further effort in this direction that this manual has been written."

The opening chapters deal with a short historical sketch, The Physiological Anatomy of the Retina, Physics of Light and Theories of Color-Perception and Color-Blindness. Then follows an easily understood description of the tests most often used to determine color-blindness and subnormal color-perception. The chapter devoted to color-blindness shows its relation to injuries or diseases of the eyes or brain. One chapter, not of the least importance, is an account in detail of instructions given for the examination of employes of the Pennsylvania Railroad Company as to vision, color-blindness and hearing.

In a clear and concise manner the author has presented to us the most important things to be known concerning color-vision and color-blindness. This book will undoubtedly be welcomed as an efficient, practical manual for the use of all interested in the subject, and especially railway surgeons. A. L. A.

THE PRINCIPLES OF BACTERIOLOGY; A Practical Manual for Students and Physicians.—By A. C. Abbott, M. D., First Assistant, Laboratory of Hygiene, University of Pennsylvania, Philadelphia. Third Edition, enlarged and thoroughly revised. 12mo., 492 pages, with 98 illustrations, of which 17 are colored. Cloth, $2.50. Philadelphia: Lea Brothers & Co., Publishers.

The fact of a third edition being called for indicates the favor with which this book is held by students and practitioners. Bacteriology is now well established, and we think much of the success which practitioners outside of the cities have achieved in it is due to such good works as this. It is concise, yet elaborate when necessary; the technique is especially fully explained. We think it will continue to enjoy its merited position as a text-book on bacteriology. B.

THE FUNCTIONAL EXAMINATION OF THE EYE.—By J. Herbert Claiborne, Jr., M. D. One hundred Pages, with Twenty-one Illustrations. Philadelphia: The Edwards & Docker Co., 1895. Price $1.00.

This book consists of a number of lectures on the subject of fitting glasses delivered to the graduating classes at the College of Physicians and Surgeons, New York. The widespread existence of refractive errors, and the headaches and eye-strain which result therefrom, make it important that the physician should have clear ideas on the subject. Dr. Claiborne has given in an attractive way the proper method of adjusting glasses in cases of hypermetropia, myopia, astigmatism and presbyopia. A chapter on mydriatics is added, in which formulae are given and suggestions made as to the cases in which they are indicated. The practical way in which the subject is treated should make it a valuable aid to students and beginners.

PHYSICAL AND NATURAL THERAPEUTICS.—By George Hayem, M. D., Paris. Edited by Hobart Armory Hare, M. D., Philadelphia. Lea Bros. & Co., Philadelphia, Publishers.

This well-timed, up-to-date volume of 425 pages is particularly adapted to the requirements of the general practitioner. Its appearance at this time is

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most opportune, when more interest is being taken in the therapeutic influencies of natural agencies than ever before. The authors have clearly appreciated the virtues of conciseness, and have refrained from speculation—a temptation which so often besets writers on subjects not thoroughly understood. The general considerations of climate are necessarily dogmatic, but the general principles laid down are consistent with observations already established. We are pleased to see mention made in this work of the climatic influence in the development of children, an important field in climatology not yet thoroughly invesgated.

The section on mineral waters is most scientific and practical. It attempts a resume of the principal mineral springs of Europe and America, and gives the prominent chemical constituents of each, with its therapeutic indications, both for internal medication and external application. Mud baths are scientifically discussed in connection with soils.

Some 200 pages are given up to electricity and evidently embodies the latest scientific information on the subject. The cuts used to illustrate the text are elegant, and the mechanical appearance of the volume is of the best. A therapeutic index is embodied in addition to the usual index of contents, which adds materially to the value of the book. Altogether, this little work is the clearest and most practical aid to the study of Nature's therapeutics that has yet come under our observation. WORK.

REPRINTS.

HYPERTROPHIC RHINITIS (New York Medical Times.)—By Edward J. Bermingham, A. M., M. D., New York.

CONSERVATIVE SURGERY ON THE BATTLEFIELD AND FIRST AID TO THE WOUNDED ((Journal of the American Medical Association.)—By N. Senn, M. D., Ph. D., LL. D., Chicago.

PROBABLE SEPTIC PLEBITIS OF THE LEFT SIGMOID SINUS (Medical News.)—By J. T. Eskridge, M. D., and E. J. A. Rogers, M. D., of Denver, Colo.

ELECTRICITY IN THE TREATMENT OF EXOPHTHALMIC GOITRE (Journal of the American Medical Association.)—By Robert Newman, M. D., New York.

SUPPLEMENTARY REPORT ON THE SUCCESS OF ELECTROLYSIS IN THE TREATMENT OF URETHRAL STRICTURE (Journal of the American Medical Association.)—By Robert Newman, M. D., New York.

THE OSTEOPATHIC FAD (Transactions from the Medical Society of the State of New York, 1895.)—By A. J. Steel, M. D., St. Louis.

A STUDY OF GUNSHOT WOUNDS, WITH REFERENCE TO THE PROXIMITY OF THE WEAPON AT THE TIME OF FIRING (Boston Medical and Surgical Journal.)—By J. N. Hall, M. D., Denver.

CERTAIN POINTS IN THE MEDICO-LEGAL INVESTIGATION OF GUNSHOT WOUNDS (New York Medical Journal.)—By J. N. Hall, M. D., Denver.

EXPLANATION AND DEMONSTRATION OF THE INFILTRATION (SCHLEICH) METHOD OF ANESTHESIA (Journal of the American Medical Association.)—By H. V. Wurdemann, M. D., Milwaukee, Wis.

A SUGGESTION BEARING UPON THE TREATMENT, BY A NEW METHOD, OF PERSISTENT VOMITING. (Medical News.)—Chas. L. Greene, M. D., St. Paul, Minn.

1. THE KINETIC AND THERAPEUTIC ENERGY OF DRUGS. 2. REMARKS ON SERUM-THERAPY. 3. BACTERIOLOGY OF DENGUE.—J. W. McLaughlin, M. D., Austin, Tex.

CLINICAL NOTES ON PSORIASIS, WITH ESPECIAL REFERENCE TO ITS PROGNOSIS AND TREATMENT (Transactions of the Medical Society of the State of New York, 1895.)—By L. Duncan Buckley, A. M., M. D., New York.

CLINICAL REPORTS.

Reed & Carnrick have just issued Clinical Records, No. 2, on the use of Protonuclein, and from its perusal we feel that this preparation has indeed a worthy record, and, coming from such a reliable house as Reed & Carnrick, it commends itself to the profession. It is one of the most important agents introduced to the profession during the past few years.

NEW PAMPHLET.

Lehn & Fink have issued a very complete brochure on the Antitoxins, Giebers Double Antitoxin, which is obtained from the horse immunized from both diphtheria and streptococcus erysipelatis, being of especial interest. We commend their antitoxins as reliable and worthy of the confidence of the profession.

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Fortnightlettes

The Imperial University of Japan has 1,468 students, 175 of whom are students of medicine.

In the last four years the American people have paid out for bicycles not less than $200,000,000, at the rate of $50,000,000 per annum.

Twenty thousand insane patients are now under the care of the state, and in city and private institutions in New York State, an increase during 1895 of 736.

Dr. Carsaquila, of Bogota, announces a cure for leprosy, and the government of the United States of Columbia is said to have ordered that all lepers in the republic be treated by the new method.

J. Morris Stoke, M. D., (Brit. Gyn. Jour., part 43,3 reports a case of quintuplets, the combined weight of the infants being eight pounds. All died soon after birth, but the mother made a good recovery.

Dr. Joseph Jones, an eminent physician of New Orleans, died on the 17th instant, aged sixty-three years. He was surgeon-general of the United Confederate Veterans, and had been president of the Louisiana State Board of Health. He graduated at the University of Pennsylvania in 1855.

New York has a law which prohibits the sale of drugs and medicines in other stores than pharmacies. Recently it has been discovered that a number of grocers in Brooklyn were selling medicinal preparations, and the superintendent of police has issued an order to the members of the force to compel a strict observance of the law.

Several of the medical colleges of this city have had their commencements. The Missouri Medical College, March 24, introduced a new and pleasing feature this year worthy of its honorable career, by having the commencement in its own complete and beautiful building. The pleasant social features following the exercises were enjoyed by all. Refreshments were served in the lower lecture hall. A class of sixty-one was graduated. Hon. Selden Spencer, of the faculty, delivered the address.

Twenty-two per cent of the inmates of the Batavia (N. Y.) School for the Blind lost their sight through purulent ophthalmia of infancy which is recognized as practically a preventable disease.

Professor Wortoff, of Moscow, who held the chair of bacteriology at that university, has died of blood poisoning caused by a wound in the neck, inflicted upon him by the explosion of a flask containing a bacterial culture.

Dr. Canini, of Leghorn, a well-known Italian specialist in diseases of children, who died recently, has bequeathed his entire estate, amounting to 2,300,000 lire ($460,000), for the founding of a hospital in which poor children suffering from diphtheria may have the advantages of the serum treatment gratuitously.

An act was passed in Pennsylvania in 1895 making it unlawful, and affixing a heavy penalty, for any person to exhibit in any public hall, museum, theater or any other building, tent, booth or public place for a pecuniary consideration or reward, any insane, idiotic or deformed person, or any imbecile.

Dr. Edward Wigglesworth, of Boston, died there Jan. 20, 1896. He was born in Boston in 1840, and was graduated from the Harvard Medical School in 1865. He served in the medical department of the army for two years during the Civil War. Dr. Wigglesworth founded the Boston Dispensary for Skin Diseases in 1872.

The Philadelphia Medical Club stands alone among the various medical societies of that city, in the fact that it has no real business or scientific work on its hands. It is a purely social organization, having one brief meeting a year (in January), when a short report is read of the Secretary and Treasurer's work during the previous year, and officers are elected; but behind a long screen is visible, along one side a large room, a plentiful collation, which is an attractive feature, not characteristic of any other medical society. Three receptions are also given in the course of the year.

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Medical Melange

CALIFORNIA'S INSANE.

A California paper comments on the fact that that state, with fewer inhabitants than New York City, has five great insane asylums, with about forty-five hundred patients.

HE HAD PREVIOUSLY COMPLIED.

The black-bearded pirate, with a knife between his teeth, boarded the passenger ship. "Throw up your hands!" he shouted. The passenger hanging over the rail smiled feebly. "I think I did, not less than an hour ago," he said, gaspingly.

GALL STONES.

At a recent meeting of the Washington (D. C.) Medical Society Dr. William Forwood, U. S. A., reported two cases of diseased liver operated upon by himself. In the first the gall bladder contained 419, and in the second 705, stones.

MRS. ASPINWALL'S BEQUEST.

The Hospital of the Protestant Episcopal Church at Philadelphia has been enriched nearly $3,000,000 by the will of the late Mrs. Anna A. Aspinwall, of Pittsburgh. A stipulation provides against denominational discrimination. The institution is conducted for the benefit of white female sick or convalescent orphan children, and the will specifies that preference be accorded children who have neither parent living.

"MOONBLINK."

The crew of the American ship El Captitan, which has just arrived in New York harbor from Japan, have been victims on the voyage of what is known in seafaring vernacular as "moonblink." The captain reports that the men slept on deck in the moonlight for nine nights while passing through the China Sea. At first they suffered from night-blindness, and later they could not see at all on account of suppuration and ulcers of the lids. The constant bathing with salt water and the improved air after rounding the Cape of Good Hope helped to restore a healthier condition, but some of the men are still suffering, and one will probably lose his sight entirely.—Medical News.

MEDICAL OFFICE BUILDINGS.

Folowing the example of St. Louis and other large cities, Philadelphia is to have an office building exclusively for medical men. While ours is still incomplete, Philadelphia's is as yet entirely in the air.

THE ASSOCIATION OF THE MILITARY SURGEONS OF THE UNITED STATES

will meet in Philadelphia May 12-14. A most excellent program has been provided by the enterprising secretary, Dr. E. Chancellor, of this city.

A ROYAL PHYSICIAN.

The Queen of Portugal is said to have recently passed the examinations qualifying her to practice medicine in the land of her adoption. She has the honor of being the first woman of her rank to win this privilege by means of diligent study.

PHILANTHROPIC.

The late Baron Larrey, son of Napoleon's surgeon, has left a bequest to the Academy of Sciences for an annual prize of £1,000 ($5,000) for the best treatise by an army doctor on any question of medicine, sorgery, or sanitation.

INFANT MORTALITY IN PARIS.

Paris records an annual mortality of 155,000 children under one year of age. The chief cause of death is neglect of mothers. The proportion of illegitimate births in France is about 9 per cent, while it registers 28 per cent in Paris.

MEDICAL EDUCATION IN VIENNA.

Changes are to be introduced into the methods of medical education in Vienna. The result will be that, from beginning to end, it will take a regular student of average ability seven years or more before he is able to practice.

TOBACCO AND DIPHTHERIA.

Professor Hajak, of Vienna, is reported to have declared that smokers are less liable to diphtheria and other throat diseases than non-smokers, in the ratio of one to twenty-eight. It also appears that smoking is positively forbidden in bacteriological laboratories, because it is known to hinder the development of the bacteria.

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THE GRADUATING EXERCISES of the St. Louis College of Physicians and Surgeons were held March 26, in the Germania Theater. A class of sixty-four received their merited diplomas. The addresses of the evening were especially worthy, and indicated the endeavor of this college to work for higher medical education. Hon. Breckenridge Jones, Dr. Louis Bauer, Dr. Thomas O. Summers, Dr. Arthur E. Mink, made the addresses on the part of the college, and Mr. J. O. Moore of the class of '96 delivered the class valedictory. Under the new organization this college has taken on renewed energy, and promises to lead in the demands for higher medical education. Next year the hospital facilities for clinical teaching, so essential in this day and age, will be greatly improved by a new hospital under the control of the college.

FATE OF A FAMOUS HEALTH RESORT.

Forty years ago Mentone was a healthy village in France, where lived peasantry happy in their farms and their superb physical state, conditioned by the climate. It was discovered that the region was a most healing climate for consumptives, and it became the Mecca for the unfortunates of Europe so stricken. The inhabitants abandoned their farms to wait upon the strangers. The strong, healthy women forsook their dairies and became the washerwomen of the consumptives' No precautions were taken; the disease was not then understood as now, the theory of tubercle bacillus not having been discovered. The place today is bacillus ridden, a pesthole, death itself. The hitherto strong inhabitants are emaciated, a coughing, bleeding people, filled with the germs of consumption. The soil and the air are both contaminated with them. It is no longer a resort. The same fate, it is believed, awaits many other similar health resorts unless active means are taken to destroy all germs. This will be a most difficult task, because consumptives themselves, as a rule, are not thoughtful of the danger they spread, or of the rights of others. They should bear in mind that if all others had been careful they, too, might have escaped.—The Medical and Surgical Reporter.

THE GREAT HOT WELLS OF CORSICANA.

It is not generally known that there are at Corsicana, Navarro County, Texas, on the Central railroad, the most wonderful wells in the world. The depth is 2,477 feet, and the temperature of the water is 126 degrees F. The pressure is 65 pounds—which will fill stand pipes 150 feet high without pumping, and the output is 300,000 gallons each day. The official analysis shows it to be 99 412-1000 pure, the very small mineral properties contained being absolutely harmless. A natatorium or palatial bath house is in process of construction, which, when completed, will be one of the handsomest and most elegant establishments of its kind in America. In time, it is believed, Corsicana will rival Hot Springs and Carlsbad as a health resort.

Dr. E. O'N. Kane, of Kane, Pa., recommends asbestos as a practical and useful substance for surgical dressings. These dressings, he says, may be handled by dirty hands, spattered by blood or any sort of filth, and yet can be rendered absolutely aseptic in less than two minutes by tossing them upon the coals or into the blaze of an ordinary kitchen stove. After having completed an operation, and just before he is ready to apply the dressings, they are thrust into the coals or flame of the nearest stove. The same dressings can be used, if necessary, though here it is advisable to wash off some of the discharges before the dressings are burned. Repeated burnings seem to injure the quality of the material somewhat. The form of asbestos most used is the asbestos fibre, which is as soft as silk floss, and its absorbent qualities are greater than those of absorbent cotton. Asbestos wicking, packing and cording are adapted for drainage tubes.—Medical Record.

The Russian government has assigned an annual grant, equivalent to about $50,000, to the Medical School for Women in St. Petersburg. The city undertakes to provide another $12,000 and private munificence has raised an endowment fund of $350,000. Preliminary courses are already being given, but another year must elapse before the school can be housed in its own buildings.

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Spirit of the Medical Press

FATAL POST-PARTUM HEMORRHAGE.

By EDWARD P. DAVIS, M. D.,

Professor of Obstetrics and Diseases of Infancy in the Philadelphia Polyclinic, etc.

It has been asserted, and with much reason, that in a healthy patient the occurrence of fatal post-partum hemorrhage must be ascribed to improper treatment. It is certainly most rare for this complication of labor to result seriously, and the case cited may well serve to illustrate conditions in unusual cases which are practically uncontrollable.

The patient, a colored woman, poorly nourished, presented herself at the Polyclinic several months advanced in pregnancy, and stated that she believed the fetus to have perished. She gave a history of a severe attack of "grip" several years previous, and of a miscarriage, after which she had alarming hemorrhage. She also complained of a weak and rapidly acting heart, and was much oppressed by the belief that she would perish when the present pregnancy terminated. Upon examination, the uterus was found at the sixth month of pregnancy. Fetal heart-sounds and fetal movements were absent, the uterus was distensible and soft, the os and cervix were not dilated, the patient's breath had a peculiarly fetid odor, and she had slight fever. No certain cause could be ascertained for fetal death, but as the patient had lost appetite and strength, it was thought best to induce labor to rid her of the dead child. She declined to enter the hospital. Labor was induced at her home by Adjunct Professor Wells and Dr. Xendar, clinical assistant. The method employed was the introduction of bougies under thoroughly antiseptic precautions. Dilation proceeded slowly until it was discovered that an arm had prolapsed. The case was then reported to me and the patient sent into the Polyclinic Hospital.

On admission, the patient's pulse was above 100, her appearance apathetic, and she complained of weak uterine contractions. The os and cervix were found three-fourths dilated. The fetus was found obliquely in the pelvis, and it was possible without much difficulty to replace the arm and bring down a foot. In the patient's depressed and weak condition it was not thought prudent to anesthetize her, fearing relaxation of the uterus under anesthesia. The child, which was macerated, was slowly delivered by traction upon the legs until the head only remained within the womb. As this could not be delivered without violence, the fetus was decapitated, and the head allowed to remain in the lower portion of the womb. The vagina was thoroughly douched, and the os and cervix tamponed with iodoform gauze. There was slight oozing of blood, dark and grumous in appearance, which did not clot. The patient was seen ten hours afterward, when it was reported that she had had slight contractions of the uterus, and that a slight flow of blood had been observed. She had been given alcohol and food, with the added order to use ergot if hemorrhage became noticeable. On examination, the head of the fetus was found in the vagina, the os and cervix being thoroughly dilated. The placenta was loosened and removed by the hand, the uterus thoroughly emptied, and douched with hot creolin mixture. No alarming hemorrhage occurred, nor did the patient suffer much pain, although an anesthetic was not employed, fearing hemorrhage. After emptying and douching the uterus, it was tamponed with iodoform gauze. The patient was given strychnin and ergot and rectal injections of whisky and milk. It was noticed that a persistent but moderate flow of dark fluid blood, which showed no disposition to clot, followed the emptying of the uterus. The patient was seen two hours later, when she was found to be in shock and collapse. It was reported that the oozing of blood had continued and that all efforts of the house staff to control it had failed. It was found impossible to cause the uterus to remain contracted, and the hemorrhage was not influenced by the degree of contraction present. Transfusion was at once employed, and the faradic current of electricity applied, one pole over the uterus, one over the dorsal and lumbar spine. This caused the uterus to con-

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tract, but the oozing still continued. The patient was then put thoroughly under the influence of opium, as the oozing gradually lessened, and stimulants and external heat were employed. She died, however, of acute anemia, ten hours after the emptying of the uterus. A post-mortem examination could not be obtained.

In reviewing this case, two elements are noteworthy; first, the profoundly depressed condition of the heart and nervous centers, with the predisposition to bleeding which had been remarked in the former miscarriage. This was manifest in the persistent failure of the uterus to properly contract; in the rapid, feeble pulse, and in the failure of the nervous system to respond to stimulus. The other factor of interest was the profoundly altered condition of the blood. The entire absence of clot, the dark prune-juice color, and the persistent oozing, indicated a condition of profound anemia of the utmost gravity. These two factors produced a condition not controlled by the methods of treatment which are in the great majority of cases entirely successful. In such a case as this reported, interference should be practiced for positive indications only. Had not the patient exhibited signs of septic infection in the increased temperature, fetid breath, and depressed condition present, it would not have been justifiable to induce labor. Threatened, however, with these dangers, delay could not be suffered, and the emptying of the uterus became a duty. — Philadelphia Polyclinic.

TYPHOID FEVER IN YOUNG CHILDREN.

Archives of Pediatrics.

The occurence of typhoid fever in young children has been a subject of discussion in several pediatric societies during the past two years. The evidence adduced renders it clear that the disease is extremely rare during the first two years of life and uncommon under three years. Several gentlemen who have expressed the belief that it was not uncommon in "children" have evidently not been able to restrict themselves to children under three years. We are not aware that the claim has been made that it is particularly rare above that age. The records of four of the largest children's hospitals of the country disclosed the fact that not a single patient under three years of age had been admitted with typhoid fever for many years. Of these the New York Foundling Hospital furnished the most striking proof. Eleven hundred of the eighteen hundred children continuously under its care are "boarded out" in the city and surrounding towns and are returned to the hospital when ill. Not a single case has been seen in this institution for twenty years, the facts being vouched for by Drs. Northrup, O'Dyer, and J. Lewis Smith and corroborated by 2,000 autopsies of Dr. Northrup.

The reasons thus far given to account for this insusceptibility are unsatisfactory. This is the age at which children are especially susceptible to intestinal diseases. Marked susceptibility to such diseases, rapidly diminishes after two and a half years, the age at which typhoid susceptibility begins. If typhoid does not occur in infants because they are fed on sterilized milk and boiled water, why do they die from summer diarrhoea in such appalling numbers ? The germs of both diseases enter at the same portal—the digestive tract.

The condition which is most commonly mistaken for typhoid fever is, unquestionably, catarrhal pneumonia, a disease in which the physical signs are often obscure, and the rational symptoms indefinite. In young infants it is prone to pursue a prolonged course. Grippe, with slowly developing pneumonia, has also been mistaken for typhoid. The febrile conditions resulting from indigestion or simple gastro-intestinal disease may be the source of a similar error. It is certain also that pleurisy with effusion, and other obscure pulmonary and pleuritic disorders have been overlooked, and the fever accompanying them has been attributed to typhoid. The fact that a continued fever in a child may be due to tuberculosis should never be forgotten.

Typhoid fever is so rare in young children and is so closely simulated by other febrile conditions that we are in full accord with Dr. Northrup's desire to encourage a healthy scepticism as to typhoid fever in an infant, in the absence of an epidemic, when the symptoms are not present which would lead to a diagnosis in an adult.

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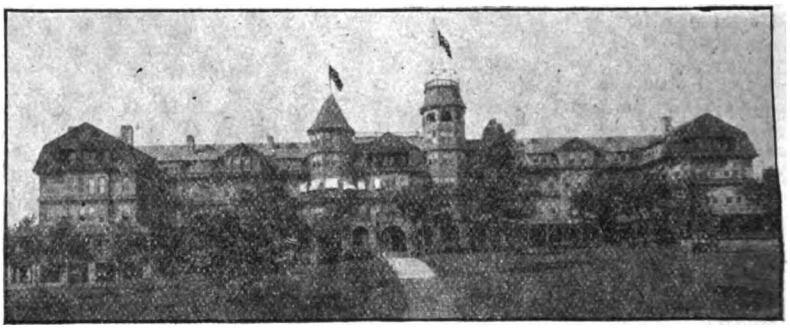
Meeting of the American Medical Association.

The annual meeting of this Association will occur in Atlanta, Ga., May 5th, and arrangements are being made for the entertainment of several thousand delegates.

Southern States are famous for their hospitality, and the arrangement committee, under the leadership of Dr. Westmoreland, will spare no pains to entertain their Northern visitors royally.

Special trains have been provided from all the important points, and a pleasant trip is in store for all who attend. The route selected runs through the historic portion of the South, made famous by the memories of the late war, and arrangements are in progress to stop over at Chattanooga for several days, and visit Lookout Mountain, Missionary Ridge and the great National Park. Special trains will be in waiting to convey the visitors up the mountain to the magnificent "Lookout Inn" on its summit. This is one of the largest and handsomest hotels in the country, and the scenery from its broad verandahs, overlooking Chattanooga, Tennessee River, and the terrible battlefield of Chickamauga, is something never to be forgotten.



Julian Ralph, in *Harper's Monthly Magazine*, recently said: "One of the most remarkable curios in Uncle Sam's cabinet, is "Lookout Mountain." The traveler expects such occasional combinations of mountain and plain on the edges of the Rockies and other great mountain chains, and yet it is doubtful if anything more beautiful is found, for it has seldom happened that a tall mountain rises abruptly to interrupt and dominate a view so majestic, and of such varied features. Glistening water, smiling farm land, forest, city, hill and island, and all lie upon the gorgeous and gigantic canvas of the master painter, who there invites mankind to his studio to enjoy such views as we had fancied only the stupid denizens of the air are privileged to daily scan."

A special invitation is extended to the medical profession to visit this resort, en route to Atlanta, and no one should miss the opportunity of spending a few days before the meeting at this restful rendezvous. Complimentary rates will be made to all members of the Association, and special efforts will be put forth to make their stay a pleasant one.

Trains on the Standard Gauge Railroad make close connections in both Central and Union Depots at Chattanooga, running through to the "Inn" without change.

For further information, or reservation of rooms, address Mr. M. S. GIBSON, Manager, Lookout Mountain, Tenn.

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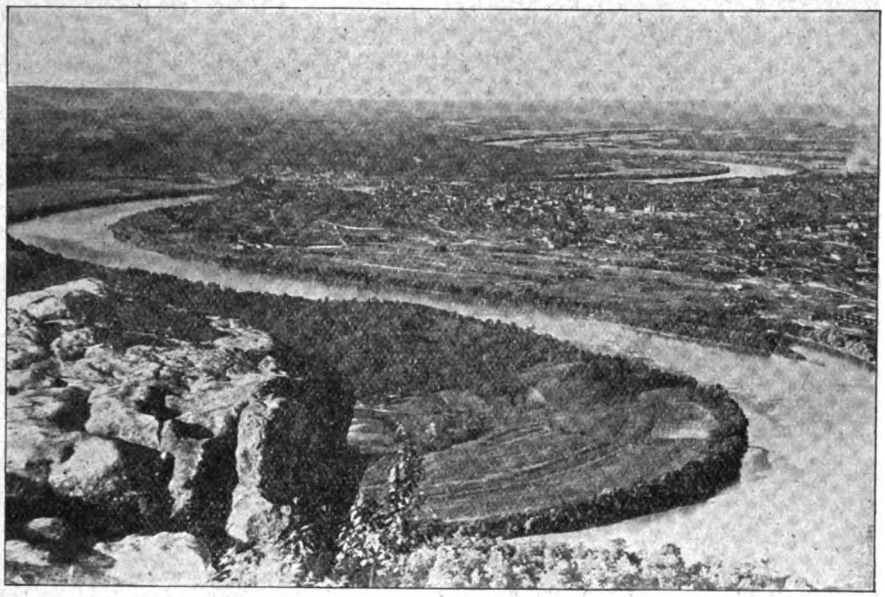
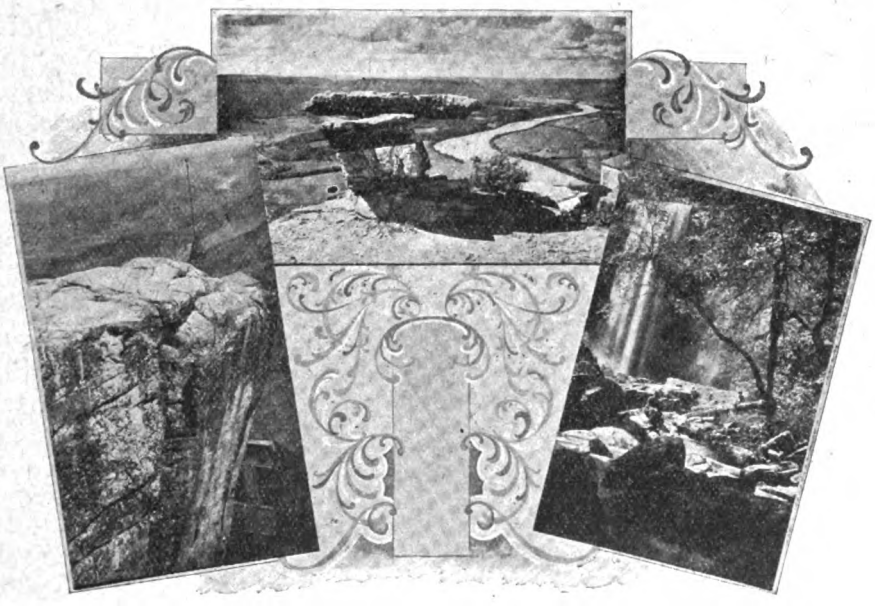


CHATTANOOGA AND THE TENNESSEE RIVER, FROM "LOOKOUT INN."



GLIMPSES OF SCENERY ON "LOOKOUT MOUNTAIN."

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THE FORTNIGHTLY'S NEW OFFICE.

We present below a cut of the FORTNIGHTLY'S new home, the Union Trust Building, Seventh and Olive streets. The FORTNIGHTLY had outgrown its former abode, and the necessity of securing better quarters had been for some time evident to the management. The question was to secure a place so easy of access, and so convenient and modern in its equipment as would insure permanence. The Union Trust Building seemed to meet these requirements, being only one block east of the postoffice, on Olive street, the principal thoroughfare, and within a very few blocks of the down-town termini of all our street railway systems, and with no less than five lines passing the block on which the building stands.

The building itself is one of the best of which St. Louis boasts; it is a fourteen-story, buff-brick, thoroughly fire-proof, and with all the conveniences of an up-to-date office building. The elevator service is probably the best in the city, six elevators constantly running, making the ninth floor, on which we reside, even more accessible than is the second in buildings with fewer and less perfectly managed elevators.

Our office room 911, is directly in front of the elevators, and cannot be missed by any who would avail themselves of the cordial welcome which awaits all the friends of the FORTNIGHTLY.

Value Received:

ELROD, IND., February 28, 1896.

EDITOR FORTNIGHTLY:--I am glad to say that I received the Pozzi book yesterday, and I am well pleased with it. The *Lancet* and the FORTNIGHTLY also came to hand, and either of them is worth the price you charge for the whole combination. Wishing you continued success, I remain,

Yours truly, W. M. HOLBERT, M. D.

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THE MEDICAL FORTNIGHTLY is devoted to the Progress of the Practice and Science of Medicine and Surgery. Its aim is to present topics of interest and importance to the General Practitioner, and to this end, in addition to a well selected corps of Department Editors, it has secured correspondents in the leading Medical centers of Europe and America. News of Societies, and of interesting medical topics cordially invited.

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Editorial Department.

Professional Confidence.

A LONDON court has emphasized the sacredness of professional confidence in its judgment of the Playfair case. The eminent obstetrician, Doctor Playfair, had reason to think that the chastity of his wife's sister-in-law was questionable; his *reason* came in the course of professional confidences, yet he revealed it to his wife and to the family of the unfortunate woman. The suit which followed resulted in a verdict of $60,000 for the plaintiff. While Dr. Playfair has to pay so large a sum, he will suffer even more, because of the almost universal condemnation of the public and profession. A case of this kind is a most unfortunate occurrence, when the world-wide reputation of the defendant is considered, his weak plea that it was "necessary to protect his own household," seems inexplainable. Certain it is, that a man in Dr. Playfair's position could have protected his family by severing all social relations with the suspected one, or by any of the many *honorable* means which must have suggested themselves.

The confidence of the consulting-room *must* be held sacred. This can not be too often nor too emphatically impressed on the profession, and when the lesson is still unlearned, the strong arm of the *law* makes a most forcible teacher.

H.

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How to Teach Medicine; A Symposium.

INASMUCH as the demands for higher medical education are now well before the profession and the medical colleges of the land, it seems to us fitting that it is opportune that we discuss how the different branches of medicine can best be studied with the greatest advantage to the student, in order that he may acquire the necessary proficiency demanded now from various State Boards of Health. To best present this side of the question to the readers of the MEDICAL FORTNIGHTLY, we have invited leading teachers of acknowledged ability and standing in their special branches, to contribute a symposium on "How to Teach Medicine." The first series of these papers will appear soon, and are from the pens of Prof. Chas. Jewett, M. D., of the Long Island College Hospital, Brooklyn, on Obstetrics; Prof. Henry T. Byford, M. D., of the College of Physicians and Surgeons, Chicago, on Gynecology; Prof. Waldo Briggs, M. D., of the St. Louis College of Physicians and Surgeons, on Surgery. We feel greatly favored to have such contributors to this very important subject, which we know will be greatly appreciated by all interested in medical education and the elevation of the standard of the professor.

Still At It.

OMAHA goes on record as favoring the propagation of the great and original new school of medicine, osteopathy. Recently, a graduate of this "still-born" school, was arrested in Omaha under the medical practice act of Nebraska, which prevents such fake practice in that enlightened State. But a number of business men of Omaha decided this all-wise individual was entitled to practice upon their bicycle-curved spinal columns and disjointed consciences, and accordingly, a committee of ten was appointed to represent this much-persecuted individual and defend his rights when the case is called in the courts. It is the unanimous sentiment of this deluded committee, that if the laws of Nebraska prevent the practice of osteopathy, the sooner the laws are amended the better. They further propose to see the laws changed, and will lend their influence and money to this end, in order that an osteopathic hospital and college be established in that city.

It is the almighty dollar which is tickling their much-oppressed sense of justice and whispers in their ears to invite them to make fools of themselves for the great and only Still, whom they believe could rub the hump off of the dromedary and take up the slack in the spinal column of the boa-constrictor by his new process—new discovery of anatomical laws. One thing is certain, Still can exclaim "Eureka," for he has the public by the hip (joint), and is *pulling* the purse strings, so that the dollars drop like the dew of heaven in his strong-box. He is building a monument for himself out of all the crutches used by the hysterical mono- and paraplegics, and as it rises higher and higher, he sees his name ascending to the blue canopy of heaven. but as yet he has not heard the angels sing, although he has contributed much to the congregation assembled just a little higher up. We often wonder how it feels to be a God, and we wonder how Still can stand such popularity without wanting to buy the State of Missouri (he came near get-

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ting the legislature), build a fence around it, and say to we poor followers of scientific medicine, who live in ignorance and superstition, "get off the earth," "I am the God of Medicine, and my name will live on forever." "Avaunt and quit my sight."

We believe the time will come, *some day*, when, as the science of medicine keeps on advancing, such practices will not be permitted, and even the still small voice of Still will be stilled forever. Let the day speedily come. The MEDICAL FORTNIGHTLY is pleased to publish an able and caustic arraignment of Still, by one who has known him for years, and who has lived in the atmosphere of humps and dislocations long enough to tell us what a grand fake Still really is, and we trust that the medical profession of Nebraska and Missouri will stand firm in their determination to see osteopathy go the way that leadeth to oblivion. F. P. N.

The Physician in Politics.

WITH the calling of local conventions for the selection of delegates to State conventions, leading to the meeting of the great national conventions, even the physician is aroused from his wanton political lethargy to inquire, "What is it all about?" Free speech and a free press have already sounded the bugles, calling for the warriors to get in battle array, and each day sees the forces marshalling under the banners of their leaders. Not since the turbulent days preceding the war, has there been such universal interest in the forthcoming elections. The past few years, full of anxiety, worry and unsettled condition of domestic trade and foreign relations, have awakened the people to free themselves from the rule of bosses and to take up the reins of government; bring back peace and prosperity, so that the home and fireside may again be one of good cheer. It is the boast of our government, that it is for the people and by the people, and yet, when the primaries are called, we see the bosses come in with the slates already made up for delegates (even printed lists are shown)—*they are the people;* we as humble citizens are powerless; because the primaries are packed, and so on up to the very highest convention leading to the nomination of the President. For the people, by the people, but who are the people? It is just here, where the family physician has a power. He it is, going about in his own community, can drop a hint here and a hint there to the *good people* to attend the primaries. Not in the interest of the professional office-seeker, but in the interest of Christian citizenship. It is a physician's duty to be a good citizen, and a good citizen looks after the welfare of his community. Love of country is inborn, let us as family physicians agitate the indifferent citizen to think of his duty, then also calmly temper the partisan, so that his desire for party gain may not run away with his choice of standard bearer. A physician ought to know the people in his community very well, and being naturally a very fair student of human nature, he can tell who is a good man suitable to fill an office, the gift of the people, not of the leaders of a party. His judgment then is worthy of consideration, and his power not to be despised.

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We do not like to see physicians partisans in politics, nor professional politicians themselves. It is all well for them to array themselves under a party banner, but for obvious reasons he cannot afford, nor is he wise if he is a partisan. Partisanship does not show much wisdom wherever you find it. We need more men who believe in the best man for local government, and the best man in the best party for State and National government. Physicians can do much to build up a healthy sentiment for good citizenship, and to this end they should swear eternal allegiance. Do not become a candidate for a purely political office, unless you are out of the practice of medicine, for the laity will be sure to size you up correctly, as a pretty poor apology for a physician, and *no doubt* unfit for public office, for a man who cannot be a successful practitioner; should not be entrusted with a public office.

Aim for higher citizenship, we need it; for it will add comfort, peace and plenty to the homes of our land, which after all, is what we are all working for.

F. P. N.

Water.

THERE are some men whose impractical fancy oftentimes leads them to make extravagant statements in support of some theory. It is amusing to note how earnest, apparently, a theorist may become when he gets side-tracked by his own imagination. In the Sunday issue (March 15th) of one of our leading daily papers, there appeared under the caption of that fad in literature, "Dont's," an interview on the question of water, headed "Dont's about Water." Inasmuch as it was an interview intended for lay readers, and presented in a style calculated to teach the unsuspecting public, that they should not use distilled water, for the corrosive action soon disintegrated the tissues of the body etc., etc., it seems to us we should controvert such imaginings by a little scientific truth, concerning potable water.

A theorist is a poor adviser as regards public health, and when such an important question as drinking water is to be decided, we think a little wise reflection would have prevented such erratic statements as regards filtration, distillation, etc. The National Board of Health (Report 1882) undertook the study of water, with a view of determining the sanitary value of various waters, so that people could have at their command knowledge that would enable them to know what constitutes a pure potable water. The analysis, carried on under the direction of Prof. J. W. Mallet, F. R. S., University of Virginia, taught us a great deal about the value of the various processes of water analysis, also that the presence of organic matter in water is not measured by quantity, but by quality. His biological experiments confirmed this, by showing that it is not always the water containing a strong solution of organic material, which is dangerous, but the mildest solutions have produced the most marked effects. It is the presence of low organisms which renders drinking water unwholesome.

The presence of these special organisms varies according to seasons. It is said that the stagnant waters of the Dismal Swamp are potable at certain seasons, but at other times this water undergoes putrefaction, due to

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the low growth organisms. The same is true of the waters of the Mississippi and its tributaries. The writer knows from experience of several years on these waters, during which time river water was used altogether, that river water is the most dangerous, from a health standpoint, at high water (when the laity believe it is safe), and least dangerous at low water, when it is believed to be dangerous.

Now, with the increase of the demands for a potable water at all seasons, it is evident that we cannot depend on ordinary city water as it comes from the mains—because it is not free from the low grade organisms.

The weight of authority among students of sanitary science is in favor of recognizing some genetic relation between the lower vegetable organisms and the epidemic prevalence of certain diseases. Further, filtering as ordinarily pursued, will not remove these organisms. Pumpelly and Smith have shown that sand, animal charcoal, asbestos, clay, etc., offer no filtering capacity for germs. Sand is absolutely a failure, germs pass through a column of sand ten feet high alive and have their being afterwards. Filtration can never equal distillation, because distillation kills the spores while filtration is apt to liberate them, especially if there is much bubbling during the process.

The theorist says "filtration removes the germs." We doubt it, and say for commercial uses filtration can not be done satisfactorily and yet safely; it is too slow. Spongy iron is the only filter which is sure to do such work, but it requires days for it to filter a great quantity. The ordinary filters of commerce are unreliable, and as practiced in city water filtration, a failure. They will remove organic matter, but not low grade organisms. The writer has had further experience in this line in noticing the workings of filters.

The season is at hand, the theorist says, "when people will drink more water, and they must look to it that they are none made pure by the process of distillation." How absurd. It is certainly time for us to ask the followers of Lister, if they have been using a water which is corrosive to the tissues during these years of aseptic and antiseptic surgery, and if so, what has been the result? If no serious results have been noticed, we think it safe to let our patients drink distilled water this summer. Yes, we believe a patient suffering with fever can even place a piece of artificial ice in his mouth, made from water which is said to be doubly distilled. We do not apprehend any serious results, any disintegration of the tissues from this luxury.

Now, on the other hand, we could have much to say in regard to the use of distilled water. Water is the basis of all aseptic and antiseptic maneuvers in modern surgery. Without the use of this universal agent, it would be impossible to secure cleanliness. Surgery has, therefore acknowledged its supremacy, while medicine has long since accorded it first place in the armamentarium of the physician. In surgery, water must be pure and sterile, and when used hot is in itself the agent "par excellence" to secure aseptic cleanliness. Further, Koch has proven that hot water enhances the value of antiseptic substances. The great trouble generally experienced by surgeons in a large city, like St. Louis, is, in getting suitable water to be used

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in their practice. While it is true that even slough water, thoroughly boiled, is freed from bacterial growth, yet it is not free from earthy salts, etc. Water needs more than boiling to render it suitable for surgical use. It must be distilled, and then we know it is as pure as it is possible, when this distillation is carried on carefully. Within recent years much care and attention has been given to water analysis and purification. Various methods are used, some of which are more satisfactory than others. St. Louis enjoys the distinction of having within its confines a company which, by its own devised method, gives a perfectly pure, sterilized water, suitable for surgical use. So well established now is its reputation, that it is used in all of the hospitals in the city, and extensively in private practice, as a truly reliable sterile water. Because of its purity, it is also universally used as a table water for drinking purposes, and at a cost that brings it within the reach of almost everyone who likes clean drinking water. The "Crystal Water" is the ideal water to which we allude. F. P. N.

Association Week at Atlanta.

The first week in May will witness the annual gathering of the American Medical Association in Atlanta, with its many useful auxiliary organizations. Following is a list of the various meetings:

SATURDAY, MAY 2.

American Academy of Medicine, at Hotel Aragon.
American Medical Publishers gather at "Lookout Inn."

MONDAY, MAY 4.

American Academy of Medicine at Hotel Aragon (second day).
Association of American Medical Colleges, at Kimball House.
National Confederation of State Medical Examining and Licensing Boards, at Hotel Aragon.
American Medical Publishers' Association, at Hotel Aragon.

TUESDAY, MAY 5.

American Medical Association convenes in general session at the Grand Opera House.
American Medical Publishers' Association (second day), at Hotel Aragon.
American Medical Editors' Association, at Kimball House, 7 P. M.

WEDNESDAY, MAY 6.

Meetings of the various sections (see official program).
Excursion and barbecue, Lithia Springs.

THURSDAY, MAY 7.

Jenner celebration of the 100th anniversary of the discovery of vaccination.
Reception at the Capital City Club.

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Original Department.

PAPERS for the Original department should be in hand one month in advance, and contributed to THE MEDICAL FORTNIGHTLY exclusively. A liberal number of extra copies will be furnished authors, and reprints may be obtained at reasonable rates, if request accompanies the manuscript. Engravings from photographs furnished free.

☞ Signature of contributor, for reproduction, should be sent with every article, on a separate slip; use heavy ink, and allow autograph to dry without applying blotter.

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London Letter.

[SPECIAL CORRESPONDENCE OF THE MEDICAL FORTNIGHTLY.]

MR. HUTCHINSON'S CLINICAL MUSEUM.

I propose, firstly, to give a brief description of Mr. Hutchinson's Clinical Museum, followed by an abstract of a clinical lecture delivered there. For the description I am indebted mainly to the "Catalogue" and "Smaller Atlas," both of which Mr. Hutchinson kindly sent me when he heard that I wished to give an account to the readers of the MEDICAL FORTNIGHTLY.

MR. JONATHAN HUTCHINSON, F.R.S.

"The institution," says Mr. Hutchinson, "which I have ventured to name a Clinical Museum, is to some extent an experiment. It is an attempt to show that pictorial representations of disease may be of great use in advancing our knowledge of it, and next to ascertain what are the best methods of displaying them. I had at one time hoped that this work would have been carried out on a suitable scale in our own College of Surgeons. I ventured to offer my whole collection to the college on condition that it was adequately displayed. As the council did not see its way to

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engage that this condition should be fulfilled, the proposal fell through. I was, therefore, reluctantly compelled to fall back on myself, and to entertain the idea of building a gallery of my own."

A house was obtained, behind which there was room for building, and during the summer of 1893 the galleries which now constitutes the museum were built.

The design of the clinical museum is to collect, from all sources, delineations of diseased appearances in the living subject and of pathological specimens in their recent state, and to display them in such a way as to be easily accessible to the visitor. The museum is arranged as follows: The galleries are lighted from the top, and round the walls are three tiers of ledges, on which the framed drawings are supported. Below the drawings are the book-shelves, in which are books referring, as far as possible, to the subjects of the drawings above them. There are also "extract-books" for cuttings from various journals, and these are indexed and classified The top of the book-shelves forms a narrow table, on which are albums for small drawings, wood cuts and photographs. The large gallery has a rostrum, in the center of which the patient stands or sits while the demonstration proceeds, clinical lectures being delivered every week.

To illustrate the valuable clinical material which is collected here, I give an abstract of an lecture I attended last week:

ABSTRACT OF MR. HUTCHINSON'S CLINICAL LECTURE.

CHANCRE OF THE EYELID.

The first case shown was that of a man aet. about 35, who had a sore on the right upper eyelid, which was ulcerated and scabbed, on an indurated base, situated at the inner canthus, On the chest and arms a symmetrical erythematous rash was present. The gland in front of the right ear, on the parotid, which receives the lymphatics from the eyelids, was enlarged. Mr. Hutchinson remarked, that this was an example of a primary syphilitic sore on the eyelid, and was more characteristic than irregular chancres usually were, for induration was often wanting. The case had been treated with one grain of grey powder three times a day, but this was evidently not enough, and it might be necessary to give five, six or seven grains, preferably in grain doses, and combined with powdered opium, which was better than Dover's powder, to prevent diarrhea.

ERUPTION DUE TO ARSENIC.

The next case was that of a lad who had a healthy skin up till January last. He was then attacked with chorea, which was treated with large doses of arsenic, fifteen minims having been reached. The skin now was brownish and rough, the hands were congested and dusky with some desquamination, especially in the bends of the fingers, where there was a tendency to keratoris. The popliteal space was erythematous and slightly eczematous. The distribution was symmetrical. Mr. Hutchinson remarked that this was a condition produced by the arsenic, although none of the ordinary symptoms of arsenical poisoning, lachrymation, etc., were present.

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There was no neuritis, although the legs ached. Arsenic may produce herpetic or eczematous conditions, and in the later stages a scattered keratoris which was due to a heaping up of epidermal scales. Lastly, he had seen symmetrical epitheliomatous ulcers develop in the palms. The roughness of the skin was due to malnutrition of the follicles. (The demonstration was illustrated by many colored drawings.)

LICHEN PLANUS.

A woman aet. 36 was the subject of the next demonstration. She had a red, raised, slightly scaly eruption on the arms and legs, in small patches on the former, but large, confluent ones on the latter. She had it on and off for five years. Mr. Hutchinson remarked, that the eruption was evidently lichen planus, though not quite typical, for it was not present on the elbows or on the transverse bends, and was not so transient as usual. It had been treated with liquor arsenicalis in seven minims doses internally and chrysarobin, tar, etc., locally, but he would suggest antimony. He had found that when arsenic failed, antimony sometimes acted well, commencing with one-sixteenth or one-twelfth of a grain, and going up to one-eighth of a grain or more of tartarated antimony. He did not consider local treatment of much service.

PITYRIASIS RUBER.

Next a man suffering from diffuse pityriasis ruber was shown. The affection was general, the skin being deeply congested and desquaminating freely. This condition, said Mr. Hutchinson, may be extremely difficult to cure in the chronic cases, though many of the slighter ones recover. Antimony acted well, if not curing, relieving, and he knew a case in which one-half grain doses of the tartarated antimony were taken for two years without unpleasant symptoms.

MYOSITIS OSSIFICANS.

Lastly, a boy aet. six or seven, exhibited a unique condition. About four years previously he had appeared with partial pronation of the left fore-arm, which since had become complete, and he was quite unable to look at the palm. There was no anchylosis between the ulna and radius at the wrist, and the condition had formerly been ascribed to an incomplete radius. Lately, however, a hard band could be felt crossing from just below the inner condyle to the radius. Mr. Hutchinson said, that he had come to the conclusion, that this was a case of myositis ossificans affecting the pronator radii teres, which first contracted and then became converted into bone. A similar condition seemed to be commencing in the other arm. This affection was a very rare one, was progressive and symmetrical, and occurred more frequently in the fascia than the muscles.

Besides these the following cases were also demonstrated: lupus, showing the typical "apple-jelly" appearance; an old man with a peculiar growth, probably lupoid, on the arm, and a youth with neuritis of the arm.

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I have ventured to describe somewhat fully this admirable collection, in the hope that it may become better known and may be visited by many of those of our American friends who may come to England. The museum is open on Tuesdays at 2, with a clinical lecture at 4; on other days by appointment. The address is 211 Great Portland street.

Richard T. Hewlett.

LONDON, April 16th, 1896.

Further Light on the Osteopathic Fad.

BY M. S. CHENOWETH, M. D,

ST. LOUIS, MO.

THERE has been so much said concerning the "osteopathic fad" at Kirksville, and the profession has sat idly, treating the matter with silent contempt so long, that now there need be no fear of giving popularity to this gigantic fake, by a free discussion of its demerits. The plaintiff has stated his side of the case through the press, in nearly every town and city in the United States, and now it is time for the defendants to offer a few objections.

Let them charge us with jealousy, if they choose, but let us stand by the right. Speaking from a personal knowledge of facts, I know of men around Kirksville, by the dozen, who have been converted and educated in this "osteopathic school," who six or seven years before the wave of enthusiasm reached its present height, would have blushed at the idea of subscribing to what then, to them, would seem an evidence of mental frailty. The idea of a man reared in comparative ignorance, who passed in the community as an infidel and spiritualist—a man who essayed to tell the future from dreams and visions, leading the minds of an intelligent community like this, as their superior; their teacher in anything—osteopathy or jugglery of any kind, and starting them out with the watchword, that all surgical and medical skill of the past few hundred years in this big world of ours, has just been discovered, by him, to be a farce and a deception, is something that will cause them, in maturer years of reflection, to beg forgiveness for this escapade of fickleness from a remorseful and rebuking conscience.

Citizens there, who are now swaying with conviction, but who have burned the bridges behind them years ago with denunciations and ridicule, are today making feeble efforts to endorse it with money and influence, on the pretext that it builds up their town, brings trade, and does no harm if it it does no good. This is not only a mistake in principle, but in fact. But

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before commencing a discussion of another feature, let me say that I am making war on osteopathy, not friends, and my remarks are not directed personally to any one in the rank and file, no matter how rank they may be, for I recognize among my immediate acquaintances there are some of my best and warmest friends, but who for the present must be taken prisoners if found in the enemy's camp. They must not be surprised to have their boss talked back to, when he persists in filling the papers with periodical tirades against the entire medical profession. The fact, that quite frequently patients go there who come away comparatively benefited, is no argument at all. The biggest humbug of the age, in the person of Schlatter of Denver, can produce hundreds of affidavits, with witnesses by the score—men of intelligence and from all classes of people—to prove that he can restore the blind and cure the lame and halt. Where twenty patients would go to the bone-setter in Kirksville in a week, thousands would stand in line, in Denver, all day for the privilege of touching Schlatter's hand at night. I am now in possession of a photograph taken by an artist, on the ground, to show countenances and faces by the hundreds, of all classes in dress and general appearance, and if the lens could have taken in enough territory, it would have shown thousands of faces instead of hundreds. People came there who had not walked without crutches for years, who skipped away without them shouting. Must we conclude they had a bone out of place somewhere, and that Schlatter is ahead of Still as a bonesetter ?

Remember how bitter Still was, ten years ago, against any theory, except that in every ill a bone was most certainly out somewhere to cause it, and how stoutly he affirmed that the only logical treatment was to replace the joint, and get relief without further ceremony, no matter where or what part of the body. Now observe, how friction and " massage" are slipped into the performance to be given the patient at certain intervals, until dead, cured or financially broke, if it takes all summer. This massage, which he compounds with his treatment, as an entirely new and original discovery of his own, with passive motion and friction are now, and have been, used scientifically by the medical fraternity for centuries, and are the only elements of osteopathy possessing any merits at all. Persons who are ignorant of surgical pathology, have no business legally or morally to say what chronic ankylosed joints shall be interfered with, and the fact as pointed out by Dr. Steele in a paper before the Missouri Medical Society, at Hannibal, in May, 1895, citing cases where amputation resulted by recklessness in this way, and where painful, violent and extensive inflammation followed in other cases with troublesome abscesses, was a potent reason why Gov. Stone should be praised for stepping in between a misguided senate, and a helpless people, with a well-defined and logical veto.

If men who practice "osteopathy" were regular graduates of medicine and surgery they might be competent to say what joint should be forcibly thrust into place regardless of adhesions and general condition of the patient's health; but then if they were, they would be ashamed of simple osteopathy; therefore, a *learned practitioner and an osteopath are incompatible* with each other. For instance, if you wish to warm a snow ball, for comfort in handling with bare hands, you at once are minus the snow ball, and would be

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ashamed to go round with a hot snow ball on exhibition. So you see a certain ignorance of facts are necessary before a person is eligible as an osteopath, and this is the main reason physicians ought to fight the new fad more vigorously, even though they are charged by many with jealousy.

Some of the graduates in this school are not averse to foreign missions, and contribute money for the purpose of educating a few pig-tailed Chinamen, and yet, they accept this dose of egotism, infidelity, spiritualism and quackery as the father of "a discovery," whose cardinal principles are exactly opposite to various scientific and undisputed facts for scores and scores of years. As an argument they cite "cures," but at the same time they don't cite the failures; they overlook the fact that for every "cure" they can produce, one can be produced just as intelligent and authentic from the ranks of the faith healers, Christian scientists, Schlatterites, Schraderites, etc., etc.

There is no doubt the country and nearly every town and city is full of medical vampires. People are constantly dosing themselves needlessly, but because some doctors are polluting medicine with dishonesty and fraud, is no argument that the theory and scientific practice of medicine is a fraud, or that this gentleman who has made many believe that he is an expert anatomist, could half-way compete with the medical students in any of the medical colleges in St. Louis. A man may study and read anatomy until doomsday, but unless he has made thorough dissections of the human body, it is like geography. You may know it on the book, but unless you have seen certain sections of country before, you are not certain of it when you do see them.

So in summing up the whole matter, we are led to the conclusion that some of the cases reported cured were imaginary to start with, while others were exaggerated—the absolute fulness in genuine cases, which are no small per cent, are lost sight of. There has not been the same persistent mention of their testimony. While the cream of cures were undoubtedly a commingling of "faith," "mind over matter," "imagination," "misrepresentation" and "exaggeration."

Everybody remembers the time, about seven years ago, when Brown Sequard discovered his "Elixir of Life," and how full the papers were of interviews with some of the best men around his home, full enough of enthusiasm to start a half dozen osteopathic schools. Gentlemen, keep tab on osteopathy, and don't encourage it from simple mercenary motives, or town interest any more than you would encourage any other unlawful enterprise. You will build a monumental laughing mark for your children, that will shake their confidence in your judgment and stability.

M. S. Chenowetth, M.D.

3121 Newstead Ave.

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The Medical Fortnightly

Recent Gynæcological Formulæ.

BY CHAS. EVERETT WARREN, M. D.,

ROSLINDALE, MASS.

Exclusively for THE MEDICAL FORTNIGHTLY.

Technics of Injection.—1. Use a fountain syringe, suspended a metre, or a metre and a half, above the locus of injection. Do not use a syringe with an intermittent jet! 2. Repeat the injection at least twice a day, morning and evening. 3. Use the fluid at a moderate temperature, but if there is congestion, let the temperature be 98° 100°. 4. Use at least a litre and a half and preferably two litres.

Antiseptic and Disinfectant Injections. (1.) Boracic acid, 50 grammes; divide into ten powders: one powder to a litre and a half of water. (2.) Sulphate of copper, 45 grammes; divide into ten powders. One powder to a litre of water. (3) Carbolic acid, 5 grammes; alcohol, 10 grammes; essence of thyme, 20 gtt.; to a litre and a half of water. (5.) Bichloride of mercury, 25 centigramme; tartaric acid, 1 gramme; to a litre of water. (5.) Naphtol, B., 10 grammes; alcohol, 200 grammes; a coffeespoonful to a litre of water that has been boiled.

Disinfectant and Astringent Injections.—(1.) Borax, 150 grammes; divide into ten powders. One powder to a litre and a half of water. (2.) Picric acid, 1 gramme; distilled water, 100 grammes; a tablespoonful to a litre and a half of water. (3.) Tincture of perchloride of iron, gtt. xx–c; to a litre and a half of water. (4.) Thymic acid, 2 grammes; alcohol, 100 grammes; water, 400; two to three teaspoonfuls to a litre of water.

Cocaine as an Antiseptic in Gynæcology.—Kerton has noticed that after the exhibition of cocaine, internally, in doses of 25 centigrammes, the various secretions, sweat, urine, products of suppuration and even the fæces, lose their fetid odor. He recommends the use of this drug as an antiseptic to replace carbolic acid and sublimate in intra-uterine injections. He thinks that whether administered by the mouth, or topically applied, it exerts a disinfectant action in addition to its neurasthenic qualities.

Antiseptic Sponges for Gynæcological Operations.—Bichloride of mercury, 1 gramme: carbolic acid, 5 grammes; alcohol, 60 grammes; water 500 grammes: soak the sponges in this mixture for twenty-four hours, squeeze them out and dry. Having been thus disinfected they may be charged with one of the following solutions: (1.) Boracic acid, 15 grammes; boiling water, 500. (2.) Tannin, 30 grammes; boiling water, 500. (3.) Solution of perchloride of iron, 40 grammes; water, 500.

Chas. Everett Warren

TO BE CONTINUED.

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Report of Cases of Typhoid Fever Treated According to the Woodbridge Method at St. John's Hospital, Springfield, Ill.

BY B. B. GRIFFITH, M. D.,

SPRINGFIELD, ILL.

BECOMING interested in the Woodbridge plan of treatment of typhoid fever from reading the articles as they appeared in the *Journal of the American Medical Association*, I concluded to try it. The following twenty-one cases were given this treatment, but not strictly according to the letter. In addition to the medications, these patients were sponged, put on liquid diet, and had camphor, turpentine and lard used over the abdomen:

MALE, 22 years; September 2.—Highest temperature, 102⅜°. Sick sixteen days; very mild case throughout.

MALE, 24 years; September 3d.—First 24 hours 101° to 103⅘°, on fifth day 101⅛°, in the evening gradually declined. After the eleventh it was only once 100°. No temperature above normal after the eleventh day.

FEMALE, 25 years; September 4th.—Temperature on admission 103°, 105⅛° on second day; remained high, from 101° to 105° up to October 17th; once afterwards going up to 101⅜°. No fever after October 21st. Woodbridge treatment was commenced October 7th. The patient had marked nervous disturbance.

MALE, 6 years; September 8th.—Temperature ranged from 102° to 104° first twenty-four hours, 102⅖° to 104⅘° second day. On September 11th up to 105°, remaining above 103° for twenty-four hours. Temperature remained about this condition up to evening of September 16th. Normal for first time September 17th. Temporarily above 100° twice after to 18th. No fever after September 19th.

MALE, 8 years; September 11th.—Temperature from 101° to 104⅛° when admitted; remained above 101° for several days; evening of the 13th 104°; on the 18th 102° to 103⅕°. On the 25th morning temperature was normal, had fever in the evening, 100⅖°. Practically no fever after September 27th.

MALE, 19 years; September 15th,—Temperature evening of first day 105°, ranging during the disease from 101⅜° to 104⅕°. No fever after September 27th. These three cases came from infected localities.

FEMALE, 42 years; September 21st.—Had been sick some time previous to admission. Temperature first day 102⅖° to 103⅕°; continuous high morning temperature for several days, 102° to 103°. On the 28th, evening temperature 104°, the highest during her illness. After October 9th practically no fever. This case had malarial complication.

MALE, 16 years; September 23d.—Sick several days prior to entrance to hospital. Temperature first day 99° to 103⅘°; morning temperature always high; temperature not above 101⅛° after the 28th. No fever after October 1st.

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MALE, 22 years; October 3d.—Temperature 102⅖° to 104⅗° on day of admission, remaining high most of the time. On the 10th temperature in the morning 102°, in the evening 104⅕; also a hemorrhage; on the 11th, morning 103⅗°, evening 104⅕; morning of the 12th normal, evening 103⅖°. Steadily high 13th, 14th, 15th, 16th, 17th and 18th, after which gradual decline. No elevation of temperature after October 30th. This case came from an infected locality. Woodbridge treatment commenced on the 9th.

MALE, 40 years; October 6th.—Temperature 103⅘° on evening of first day; continued moderately high for some time. Normal for first time October 20th. This patient was sick some time before coming to the hospital. Recovery slow and tedious.

FEMALE, 30 years; October 9th.—Temperature continuously high, always above 102°. On the 13th was down to 100°, but only for a short time. 25th, unconscious most of the time; 28th, evening temperature 104⅖°; 29th, above 104°; November 1st, 2d, 3d, very high, every evening above 104°. On the 4th lower, and so continued until death, on the morning of the 5th. This patient came from an infected home. Had recently been confined, and had been waiting on her husband, who had been in bed eleven weeks with typhoid fever. She was sick some time before coming to the hospital, and her physical condition was very much below par.

MALE, 25 years; October 10th.—Sick some time before admission. Delirium constant. High temperature, constantly above 102° until the 19th; 100° to 102⅗ till the 26th, when it again went up to 105°, remaining high until the 25th. After this it was seldom above 102°. On November 10th, for a short time, temperature was normal. On evenings of the 14th and 15th, 101° to 105°; 17th, 104⅖°, after which time not above 103°. Died November 22d. This patient came from an infected neighborhood. Bed sores and systemic poisoning; most severe of any case in the hospital.

MALE, 36 years; October 12th.—Sick five days before admission. Temperature, evening of first day, 103⅗°. Normal for a short time on 19th; up again on the 21st, continuing till 24th; October 31st the chest was aspirated ℥vi, fluid removed. No temperature after November 3d, except November 7th, 103⅘; normal November 9th. *Doubtful diagnosis.*

MALE, 19 years; October 17th.—Sick several days prior to entering hospital; very little temperature for first six days. October 24th, temperature was up to 104°; continued from 100° to 105° up to the 29th. Temperature then fluctuating from 103⅕° to 104° during first week of November. No fever after November 10th. The case had all the appearance of malarial poisoning upon admission.

MALE, 35 years; October 18th.—Patient sick two weeks before entering the hospital. Temperature not high at first, 101 to 102⅕°. On the 10th went up to 104⅗°, continuing above 102° for three days. Commenced Woodbridge medication October 23d. Temperature gradually declined; on November 1st morning temperature was normal for the first time, in the evening was 101°. November 6th and 7th very little elevation of temperature. Had a large abscess on left illium. Practically no fever after November 18th.

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MALE, 28 years; October 25th.—Came from a locality having many cases of typhoid fever. Sick four days before entering hospital. Temperature on admission 101⅗°; normal November 3rd; November 5th 103⅘°. No elevation of temperature after November 6th.

MALE, 36 years; November 1st.—Relapsing case. Had been sick eleven weeks, up twelve days, then had a relapse and was brought to the hospital. Came from typhoid infected locality. Much debilitated from previous attack. Temperature on admission 104⅗°, varied from 101⅕ to to 104⅘° up to November 8th, accompanied with nose bleed and delirium. November 8th, morning temperature 101¾, evening 101⅘°. Temperature normal on morning of November 13th; never above 100⅕° up to 19th, after 19th no elevation of temperature. Suffered from dyspepsia and constipation.

FEMALE, 11 years; November 3rd.—Sick two weeks before admission. Temperature 103⅗° upon entrance, remaining above 101° until the 10th. Had no fever after the 11th.

FEMALE, 30 years; November 11th.—Sick one week before entering the hospital. Temperature 104⅘° on day of admission. Temperature 102° to 103° most of the time. Woodbridge treatment began November 15th. Temperature afternoon of 18th, 104°, then up to the 21st varying from 100° to to 103⅘°; afternoon of 21st 105°; morning of 24th 98¾°; afternoon 103°; on the 27th not above 99¼°; on the 28th temperature was subnormal, so for two days. Had miscarriage on November 30th. December 1st slight chill with temperature 103°, normal in the evening; December 2d 104⅖°, evening it was normal. After December 5th no elevation of temperature.

FEMALE, 10 years; November 30th.—Sick eleven days before coming to Hospital. Temperature on admission 103⅘°; high morning temperature was persistent, varying from 104⅕° to 101⅗° up to 17th; on 17th from 100⅘° to 104⅕°; on the 19th, morning temperature 104°, evening normal. No elevation of temperature after November 20th.

FEMALE, 60 years.—Died after being in the hospital two days.

The average time of the duration of fever in these cases after commencing this plan of treatment was 16½ days.

To secure the most beneficial affects of the medicine, I deem it necessary to produce slight ptyalism; in those cases where this was done the recovery seemed more rapid. By this plan of treatment I think there is less tympanitis—the tongue does not become coated, dry and hard, but remains moist and reasonably clean; the duration of the fever is shortened, and the patient is physically quite comfortable.

We are apt to have gastric disturbances, and those with weak stomachs, will sometimes complain bitterly. Constipation must also be guarded against, as it sometimes proves quite obstinate. The most serious objection is the cost of the medicine; when some means are devised to lessen the cost it will probably become more universally used.

B. F. Griffith.

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Correspondence.

THE MISSOURI STATE MEETING.

The following letter has been received, and we take occasion to urge its perusal by every doctor in the State:

KANSAS CITY, MO., April 27th, 1896.

DEAR DOCTOR:

As the time for the meeting of the Missouri Medical Association is near at hand (May 19th, 20th and 21st, at Sedalia, Mo.), permit us to urge upon you the importance of attending. If you are already a member, this appeal is unnecessary, but if you have never been identified with the association and realized the profit and pleasure pertaining thereto, we can assure you that the loss has been yours.

The approaching meeting promises to be one of the largest and most successful in the history of the Association, and we trust to have the pleasure of meeting you at Sedalia. If you are not a permanent member, bring credentials from your local society.

A number of prominent members of the profession have been invited from New York and Chicago.

Fraternally yours,

C. F. WAINWRIGHT, Corresponding Secretary.

C. LESTER HALL, Pres. Mo. Medical Association.

Also the following letter from the Arrangement Committee:

We take pleasure in advising you that a rate of a fare and one-third for the round trip, upon the certificate plan, from points in Missouri, has been granted to delegates; provided that not less than 100 tickets shall be certified to by the Secretary. Take a certificate from the ticket agent when you buy your ticket, and if you travel over more than one road take a certificate for each ticket purchased. Present your ticket to the Secretary as soon as you arrive.

Do not purchase your ticket earlier than three days prior to the opening day of the meeting. The following roads have agreed to give the one and a third fare on round trip tickets, viz.: All roads belonging to the Western Passenger Association whose lines extend into Missouri; also the M., K. & T. Railway; the Kansas City, Fort Scott & Memphis Railway, south of and via Clinton, and the Sedalia, Warsaw & Southern Railway.

The leading hotels will give reduced rates.

W. H. EVANS,
E. F. YANCEY,
A. F. DRESEL,
} Committee of Arrangements.

DEATH OF DR. JACOB M. GEMMELL.—Dr. Jacob M. Gemmell died at his home at Philadelphia, on March 31st, at the age of eighty-six years. He was graduated from Jefferson Medical College in 1810.

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Fortnightlettes

LONDON coroners brought in thirty-nine verdicts of death by starvation last year.

REMOVAL.—The general offices and editorial rooms of the MEDICAL FORTNIGHTLY are now located at No. 911, Union Trust Building.

EN ROUTE TO ATLANTA, do not forget to stop over at Chattanooga, and visit that delightful resort, Lookout Mountain, "above the clouds."

DR. WILLIAM F. LACY, one of the oldest physicians in Connecticut, died at his home in Danbury on March 31. He was graduated from Yale Medical School with the class of '44.

BETTER LATE THAN NEVER!—Now that winter is over and old Sol is crowding toward the zenith, an item is going the rounds to the effect that glycerine applications will prevent snow balling on the hoofs of our horses.

CREMATION IN ENGLAND.—A crematory is being erected at Liverpool, making the third in England. The others are at Manchester and at Woking; there is also one at Glasgow. Woking had 150 cremations in 1895, making its total number 733.

DR. AGNEW'S ESTATE.—By the death of the late widow of Dr. D. Hayes Agnew, the eminent Philadelphian surgeon, the University of Pennyslvania medical department receives a legacy of $50,000, which was subject to a life interest of his widow.

LEPROSY is said to be spreading in the Russian Baltic provinces with alarming virulence. Several hundred persons are said to be afflicted with the disease, and the Livonian Diet has just taken measures for isolating them at the cost of the State.

PROFESSOR LOUIS A. SAYRE, of the Bellevue Hospital College, has recently celebrated his nineteenth birthday, at which time he had reached the advanced age of seventy-six years. Having been born on February 29, his birthday occurs but once in four years.

ARTIFICIAL FEEDING.—In anticipation of the summer season, when errors in diet are responsible for so much of the diarrhœal disorders of childhood, and inasmuch as the subject of artificial feeding has not been elaborated very thoroughly by the MEDICAL FORTNIGHTLY, and believing a great deal of good can be accomplished by presenting this subject, we have, therefore, decided to commence soon the publication of a series of papers, discussing the important features of this much misunderstood subject.

OHIO'S MEDICAL BOARD.—The new State Board of Medical Examiners of Ohio, provided for in the recently enacted Mosgrove bill, is composed of: Regular School—Dr. N. R. Coleman, of Columbus, to serve seven years; Dr. Charles A. L. Reed, Cincinnati, five years; Dr. S. B. McGavarn, Cadiz, three years. Eclectics—Dr. David Williams, Columbus, four years; Dr. J. K. Scudder, Cincinnati, one year. Homœpath—Dr. H. E. Beebe, Sidney, five years. Physio-Medico---Dr. Cady Markley, Toledo, two years.

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DR. H. GRANT SIGMAN, formerly of Pueblo, has located in Cripple Creek, Colorado.

THE CENTRAL DISTRICT MEDICAL SOCIETY OF ILLINOIS met at the St. James Hotel, Pana, Ill., April 28th.

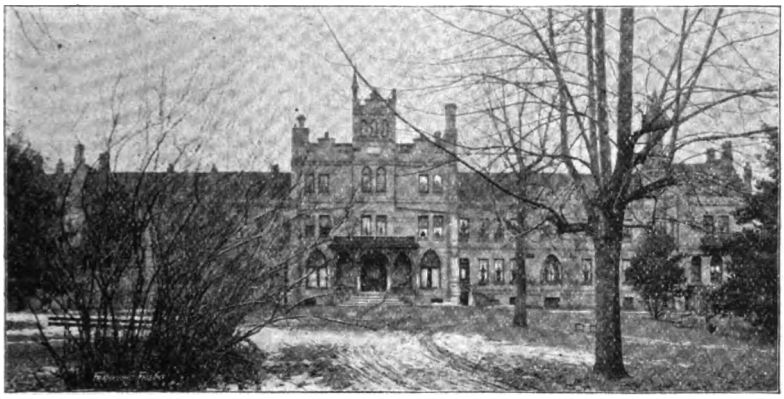
DR. JONES' SUCCESSOR.---Dr. A. L. Metz has been elected to the Chair of Chemistry and Medical Jurisprudence in the medical department of Tulane University, to fill the vacancy caused by the death of Dr. Joseph Jones.

DR. GEORGE W. WAGONER, the new mayor of Johnstown, Pa., recently resigned his position of secretary of the Board of Directors of Memorial Hospital, Johnstown, that he might be better able to devote his attention to the executive affairs of the city.

Dr. C. T. POPE, physician to the Louisville Eruptive Hospital, has resigned his position. An order requiring him to spend all his time at the institution, until there is no possibility of further development of smallpox, is responsible for the move. The board had no difficulty in finding his successor.

THE OPHTHALMOSCOPE.—The illustrated papers upon the uses of this instrument, written by Dr. J. Ellis Jennings, of this city, are attracting a great deal of attention. These papers are published exclusively by the MEDICAL FORTNIGHTLY, but in order that new subscribers will not miss Nos. 1 and 2 (already published) we have prepared reprints, which will be furnished in lieu of other premiums, at the option of the subscriber.

THE OAK LAWN RETREAT, of Jacksonville, Ill., so favorably known throughout the West as a private hospital for the insane, continues to merit professional confidence. Its location in the beautiful city of Jacksonville, makes it both a convenient and delightful retreat for St. Louis patronage. Below we present a cut of this institution, which gives some idea of the beauty of its natural lawn and the character of the buildings. A descriptive brochure and full information may be had by addressing the superintendent, Dr. Geo. C. McFarland, Jacksonville, Ill.



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DR. C. M. LILLIE, Professor of Chemistry in the St. Louis College of Physicians and Surgeons, has become business manager of the St. Louis *Clinique*. We trust he will lead this merited journal to prosperity and success.

DR. IRVING WHITALL LYON died of pneumonia at his home in Hartford, Conn., March 4th, in the fifty-sixth year of his age. He received the degree of M.D. from the University of Vermont in 1862, and from Columbia, N. Y., in 1863; was demonstrator of anatomy, Berkshire Medical College, Pittsfield, Mass., 1862, acting assistant surgeon U. S. Army in 1862, served on the staff of Bellevue Hospital, New York, 1863–64, since when he had practised his profession in Hartford, Conn. He was the president of the Hartford Medical Society at the time of his death.

COLORADO HOME FOR FEEBLE MINDED.—This institution is now established and in practical operation. The institution is designed for the care of feeble minded children and adults. Private apartments are provided for the insane requiring restraint and special treatment. Separate dining-rooms have been provided for patients, according to grade. This is a very worthy institution and deserves the support of the medical profession. A staff of reputable physicians are associated with the home in the capacity of advisory board and medical attendants. Mrs. Hattie Morgan is the superintendent. Dr. Hubert Work is the medical superintendent, and any one desiring information concerning this institution can no doubt receive it by addressing Dr. Work.—*Denver Medical Times.*

AN ILLEGITIMATE CHILD BORN UNDER PECULIAR CIRCUMSTANCES.—A short time ago a young Virginia girl sixteen years of age, and of good social standing, gave birth to an illegitimate seventh-month fœtus in the presence of her own mother without the slightest suspicion being aroused in her mind as to the cause of her daughter's suffering. The family physician, a gentleman well known and prominent in medical circles, was summoned to attend the girl for "cramp colic." While examining the patient he discovered, by accident, the umbilical cord, which, by the way, the girl had severed as soon as the fœtus was born. Although greatly shocked by his discovery he recognized the necessity for great diplomacy, and quickly arranged for the girl's mother to go to a distant part of the house for hot water. During her absence from the room he delivered the placenta, and carefully wrapped it, together with the fœtus, in a towel, and secreted it in his overcoat. On the return of the good mother the doctor informed her that her daughter would, after a few day, be entirely well, giving as the reason for this positively favorable prognosis that he had "removed from the uterus a large amount of clotted blood, the result of suppressed menses." This explanation readily satisfied her, and, although assisting in the immediate after-care of the patient, she did not even suspicion her daughter's chastity nor the real cause of the "blood clots." The remarkable feature about this case is the fact that, while passing through the second stage of labor the girl so disguised her suffering that her mother was kept in blissful ignorance of the real cause of the "cramp colic." It is certainly interesting, too, from a medico-legal standpoint, and we doubt if there are many such experiences on record.—*Richmond Journal of Practice.*

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NECROLOGIC.

DR. JAMES WEST ROOSEVELT, a prominent physician of New York City, died suddenly of pneumonia, April 11th. Dr. Roosevelt was a cousin of Theodore Roosevelt, president of the New York Police Board.

DR. JOSEPH JONES, surgeon general of the United Confederate Veterans, ex-president of the Louisiana Board of Health, and one of the leading physicians in the South, died recently at New Orleans, aged sixty-three.

W. W. JAGGARD, A. M., M. D., of Chicago, died recently in Philadelphia, while undergoing an operation for acute appendicitis. Dr. Jaggard was Professor of Obstetrics in the Chicago Medical College, and was one of the foremost teachers in this department of medicine in the United States. Though still a young man, he had won both name and fame, and stood among the leaders of his profession. He was a graduate of the University of Pennsylvania, and had served in the medical corps of the navy. He located in Chicago just at the beginning of the transitional period in modern gynecology and obstetrics, and being one of the leaders in radical aseptic surgery he was assailed vigorously for a number of years, but soon his position was believed by others, and they then looked upon Dr. Jaggard as a man of exceptional ability, which he was. In his death the West has lost one of the best teachers ever occupying the chair of obstetrics. He, too, had achieved quite a reputation in gynecology, and was a fast and conservative operator.

DR. H. ERNEST GOODMAN, of Philadelphia, Pa., died February 3rd, while on board a train, en route to see a patient. Dr. Goodman was one of those great men in medicine, of whom the medical world hears but little, but who in his own community stands pre-eminent as a man, a physician and teacher. Dr. Goodman won many honors by faithful devotion to his country's defense, during the war of the rebellion, and for his distinguished services he was made Brevet Colonel. He accompanied "Sherman to the Sea." The writer knew him as a teacher, clinician and friend. He, too, shall always remember his great devotion to his patients, at the clinics of the Wills Eye Hospital and the Orthopedic Hospital, where for more than twenty years he rendered brilliant service. He was a man not given to writing, nor to active participation in the work of medical societies, yet, as a practical teacher, and one devoted to his profession, he was ever eminent. The student attending his clinics, never departed without having been greatly profited for the coming, and further, gained a friend in Dr. Goodman, if he was seeking knowledge. The writer for several months came in daily contact with this great man, and never during all that period, often times under the most trying circumstances, such as occur in orthopedic practice with children, did he ever see Dr. Goodman vexed, cross or overbearing. He could be stern and fixed in his directions, but was always kind. To hear his voice and see his kindly smile was assurance to the children that Dr. Goodman, was, as one little girl expressed it, a "good man." So he was. and we feel that his memory will ever live in the hearts of those who knew him, as he was a just, upright, devoted man in medicine.

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"THE GOLDEN RULE."

The New Orleans Medical and Surgical Journal now appears under the editorial management of Drs. Charles Chassaignac and Isadore Dyer, who will be assisted by an efficient force of collaborators.

The Bulletin of the Johns Hopkins Hospital is famed for the exceptional excellence of everything that appears in its pages, but when it comes to illustrating, they certainly lead the world of medical journals.

The Scalpel, hailing from Halifax, and edited by Dr. Thomas M. Dolan, of that city, has made its bow to the reading public. *The Scalpel* will be like in nature to the *Provincial Medical Journal*, which appeared under Dr. Dolan's able management for ten years.

The Archives of Pediatrics is the leading journal of its class, and we are pleased to announce to our readers that we have made arrangements with the publishers to furnish this excellent monthly in club with the MEDICAL FORTNIGHTLY for $3.00 per year, or $3.50 to foreign points.

DR. STOWELL'S *Journal of Practical Medicine* has a new and very handsome cover. The *fleur-de-lis* element in the design appeals to St. Louisans. In the words of the immortal Chimmie McFadden, Dr. Stowell is "onto his job;" he is certainly making *Practical Medicine* first-class in every respect.

DR. T. A. HOPKINS, Associate Editor of the MEDICAL FORTNIGHTLY, of St. Louis, favored the *Journal* with a friendly call recently. Dr. Hopkins hailed originally from Ashtabula County, and is also a graduate of Oberlin College, so that his visit was welcomed by a large circle of friends. The doctor is interested in genito-urinary surgery, and is connected with the College of Physicians and Surgeons of St. Louis. The doctor's visit was much enjoyed by the *Journal*, and its best wishes go with him.—*Cleveland Journal of Medicine.*

THE MEDICAL FORTNIGHTLY has issued a small brochure, containing half-tone portraits of its editorial staff. We notice among these, twenty-five uncommonly handsome and intelligent-looking medical men, not less than eight of whom affect side-whiskers, varying in extent from the firm, short-cropped "slugger" to the breezy Dundreary of other days. It would be of interest to know if this is a mere local affectation in St. Louis, or comes from an exuberant development of that region of the face from which such whiskers spring.—*Atlanta Medical and Surgical Journal.*

"THE HAPPY MEDIUM."—If the MEDICAL FORTNIGHTLY of St. Louis, does not go on from glory to glory, it will not be for lack of a hustling, wide-awake business manager. Charles Wood Fassett is to the publishing business born, and his exquisite folder at hand emphasizes this fact. This brochure is made up of thirty-two pages, including twenty-five half-tone portraits of the editorial staff, beginning with the managing editor, Dr. Frank Parsons Norbury. With such a staff of men at its back, there is no need of wonder at the success of the FORTNIGHTLY.—*Medical Sentinel.*

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Reports on Progress.

COMPRISING THE REGULAR CONTRIBUTIONS OF THE FORTNIGHTLY DEPARTMENT STAFF.

DISEASES OF THE CHEST

BY WILBUR W. BULETTE, M. D.,

PUEBLO, COLO.

The Mechanical Treatment of Mitral Disease of the Heart.

Harry Campbell (The Medical Week, August 10, 1895, says that in the treatment of mitral disease physicians rely too much upon rest and digitalis, and neglect to call into effect the accessory forces of the circulation. Our aim should be to prevent engorgement of the right heart, because when the right heart is not properly emptied, the entire organ suffers, for almost all the venous blood from walls of the heart empties itself into the right auricle, and the moment the diastolic tension in this chamber becomes unduly high, the venous return is impeded, engorgement of the heart substance, with all its evil consequences, ensuing; right-heart engorgement, leading as it does to general venous engorgement, injuriously affects the general nutrition of the body.

The acessory forces of the circulation are: (1) Respiratory movements, which cause the blood to be driven from the systemic and portal veins into the right heart, and from it through the lungs into the left heart, while movements of the diaphragm pump the lymph from the peritoneum into the pleurae. The patient should be put through a systematic course of pulmonary exercises, and should be encouraged to use the voice in talking and singing. Not only is the circulation promoted by the pulmonary movements, but the lungs are developed, and the larger the lungs the less is the work put upon the right heart. All impediments, therefore, to free chest expansion should be guarded against. (2) Muscular contraction, which drives the blood through the veins and favors lymph-flow, for the lymphatics, like the veins, are provided with valves, and the muscle-sheath plays the part of a lymph-pump during contraction. Muscular exercise, by promoting respiratory movements, is therefore very helpful in mitral disease.

Intrabronchial Medication.

Muir (American Medico-Surgical Bulletin, Jan. 25, 1896) has practiced intrabronchial medication for three years, during which time he had treated forty cases of phthisis, bronchiectasis and bronchorrhoea, with marked success. The persistent and distressing cough accompanying these troubles is usually stubborn, frequently producing sleeplessness, fever and vomiting, thus materially delaying the patient's progress toward recovery. All kinds of sedatives usually given for the distressing cough give but temporary relief, besides most of them contain opiates and exercise a deleterious influence on the system. Particularly in aged people is their use, therefore, to be deprecated.

The opiate possibly diminishes the sensibility of the bronchial coats, necessarily relieving the cough and inducing sleep, but mucus accumulates in the respiratory tract, seriously interfering with free access of air to the air cells; carbonic acid collects in the blood.

Cough and fetor of the breath are ordinarily caused by atrophic action operating on the walls of the bronchial tubes, which latter are abnormally distended by air pressure respiration; decomposition of accumulated mucus produces anatomical changes in the lining of the bronchial tubes, giving to the breath the characteristic fetor. The febrile attacks and general disorder of the system necessarily produced by absorption of the noxious produets of decomposition are also directly traceable to accumulation and corruption of the mucoid secretions.

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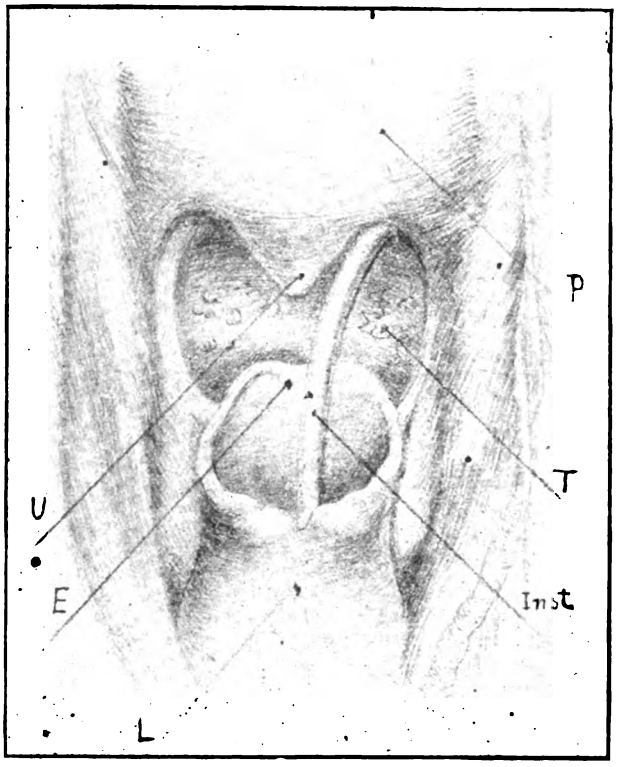
Experience would indicate the local application of a non-irritating antiseptic substance which the mucous membrane will readily absorb; there can be no doubt, the author states, of the ready absorption of the injected liquid by the bronchial mucous membrane. A process analogous to that of pneumonokoniosis is induced. The substance is taken up by the lymphatics, transported by the channels downward and inward, to be deposited in tissue more or less remote.

The author prefers a solution of one to four drams of 7.5 to 15 per cent of menthol dissolved in benzoinal, according to amount and nature of expectorations; to this may be added ½ to 3 per cent guaiacol. Where expectoration is particularly offensive, a 2 per cent solution of europhen may be used in place of guaiacol. At first he directs that the larynx be sprayed with a 2 per cent solution of cocain.

The instrument used is a glass and hard-rubber syringe, half ounce capacity, with an endolaryngeal tube. The patient's tongue is drawn out, the syringe placed in position, a deep inspiration is taken, the cords separate, the end of the instrument is introduced, and one to four drams of the above solution is administered in three or four injections.

INSTRUMENT IN SITU.



THE PHARYNX AS SEEN FROM BEHIND.

P.—Soft palate; N.—Uvula; T.—Tongue; E.—Epiglottis; L.—Larynx; Inst.—Instrument in relation.

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The Relation Between Pleurisy and Tuberculosis.

Editorial (University Medical Magazine, January, 1896). The relation existing between pleurisy and tuberculosis has attracted considerable attention, and it has been observed that the former frequently follows fully established phthisis, and that the latter in many instances develops after an apparently cured pleurisy. Of ninety cases of acute pleurisy treated by Bowditch between 1849 and 1879, thirty-two died of or had phthisis; observations confirmed by post-mortem. Shattuck Lecture, 1893 (Boston Medical and Surgical Journal, July 20, 1893). Osler stated that analysis of post-mortem records of wards of Johns Hopkins Hospital of 101 successive cases in which pleurisy was found, showed that thirty-two, nearly 32 per cent, were tuberculous.

When pleurisy and tuberculosis of adjacent structures co-exist in the same patient, it is generally admitted that the one may hold one of four relations to the other: (1) The pleura may have been involved simultaneously with the other structures in the tuberculous process; (2) a primary tuberculosis may have infected adjacent organs secondarily, as the lungs; (3) primary tuberculosis of the lung or bronchial glands may have excited a pleurisy; (4) a primary, non-tuberculous pleurisy may have so reduced the resistence of the lung that the latter became a favorable soil for the development of phthisis.

An important contribution to this subject has been made by Eichhorst (Correspondenzblatt fur Schweizer Aertze, No. 13, 1895), who, in order to prove conclusively that pleurisy is often excited by tubercle bacilli, the exudate from twenty-three patients was obtained, who had been in good health when they acquired pleurisy, and in whom no tuberculous lesions could be detected, after most careful examination.

Fifteen cubic centimetres of the serous exudate were injected into each of twenty-three guinea pigs, and, after six or eight weeks, the animals were killed and their organs critically examined, with the result that fifteen had developed tuberculosis, or 65.2 per cent. These results indicate that nearly two-thirds of all cases of acute serous pleurisy are of a tuberculous nature. Eichhorst believes that in most instances tuberculous serous pleurisy has its origin in tuberculosis of the bronchial glands. His experiments not only throw light upon the etiology of pleurisy, but suggest also an aid to diagnosis in obscure cases, especially when the disease is not indicated by the history, method of onset, clinical course, character of the fluid, or bacteriological examination.

OPHTHALMOLOGY

BY J. ELLIS JENNINGS, M. D.,

SAINT LOUIS

Light—The Ointment of the Yellow Oxide of Mercury—and the Ointment Pots in Common Use.

S. Holth, Norway, Translation Archives of Ophthalmology, Vol. XXIV., No. 4.

It is a familiar fact that this ointment decomposes quite readily; sometimes at the end of a few days; as a result, there is grayish discoloration, which, becoming darker, finally changes to black. Altered in this manner, the ointment not only suffers in appearance, but, though possibly harmless, it is less potent, and may even be entirely useless. The author noticed that discoloration first affected the upper surface and the portions in contact with the walls of the ointment pot, and especially the side exposed to light. In order to determine to what degree the influence of light was responsible for the decomposition and to what extent other causes, such as tem-

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perature, access of air, etc., might operate, he placed the ointment in different kinds of receptacles, and distributed in various ways: (1) exposed to direct sunlight, (2) placed upon a desk, (3) left in a corner of the room which the sun never reached, and (4) kept in a perfectly dark room. After five months of constant observation, he arrived at the following conclusions:

1. Decomposition of the ointment of the yellow oxide of mercury, showing itself in grayish discoloration, is not due to chemical changes produced in the ointment base, but is dependent entirely upon the reducing effect of light passing through the more or less transparent walls of the ointment pots in ordinary use; violet light probably exerts the most effect in this direction.

2. This decomposition is not influenced by temperatures between zero and 30 degrees C.

3. It is not caused by access of air.

4. Any ointment pot may be used if kept in a dark place.

5. The use of absolutely opaque pots, provided with similar covers, is the most practical way of avoiding decomposition.

Foreign Bodies in the Conjunctiva and Cornea.

C. D. Wescott in The Railway Surgeon, Nov. 5, 1895.

Hot cinders and molten metal frequently burn quite deeply into the conjunctiva. After they have been removed under cocaine, and the eye thoroughly cleansed with a bland antiseptic, a small quantity of sterilized vaseline or olive oil dropped into the eye is very soothing and grateful. It is usually not best to bandage an eye thus injured, but the lids should be frequently bathed with warm borax water and the eye flushed with a saturated solution of boric acid every three hours. It may also be best to apply iced compresses or a wet boric dressing for the first twenty-four or forty-eight hours. If the latter is used it should not be heavy and should be frequently renewed and the lids anointed with borated vaseline. In all cases of painful injury of the eye the general surgeon is prone to prescribe cocaine as an anodyne. The practice is not justified either in theory or by the results obtained, and should be condemned. Dr. Carl Koller, to whom we are indebted for the discovery of the anesthetic properties of cocaine, says in a recent paper read before the Manhattan Medical and Surgical Society of New York (New York Medical Journal, March 30, 1895): "The use of cocaine as an anodyne in painful ulcers and erosions of the cornea is very common, but cannot be justified either by practice or by theoretical considerations. The anaesthesia produced by cocaine instillation lasts a very short time—hardly ten minutes—and the reappearance of sensation is accompanied by the reappearance of pain, so that the instillation would have to be almost continuous to be efficient. But this would be the slightest objection. It can be shown that the use of cocaine is positively harmful. Cocaine is a general protoplasmic poison, as more recent biological researches have proved; it first stimulates the protoplasm and afterwards paralyzes it, prolonged and repeated action finally causing mortification. It is very easy to demonstrate that repeated instillation of cocaine into an eye causes a general slight haziness and dotted erosions of the corneal epithelium. I noticed these phenomena in my first experiments with cocaine, and was at first inclined to ascribe them to dryness and evaporation, due to the arrested secretion of tears and diminished winking of the lids brought on by local anaesthesia. But a series of experiments undertaken on rabbits established beyond doubt that although dryness plays some part in the haziness and exfoliation of the epithelium, it is chiefly due to necrosis of the epithelium brought on by direct action of cocaine."

In our shops and factories, all over the world, employes are daily jabbing at the cornea with sharpened sticks, pocket knives, horseshoe nails and other dangerous and destructive instruments in attempting to remove pieces of stone, steel, emery, etc., which are innocent as compared with the instruments and methods employed. If these offending particles are not deeply imbedded in the substance of the

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cornea, they may usually be removed without the slightest trouble by simply wiping them away with the aid of a little swab made by twisting a small pieget of cotton upon the end of a wooden toothpick or similar instrument. The fibers of the cotton become entagled with the mote and it is dragged from its lodgment without any trouble, and with no damage to the delicate structure of the cornea. This little procedure should be better known, and if introduced into the workshops of the country it would save many cases of inflammation and ulceration of the cornea which result from the methods now in use.

Dr. W. L. Dayton, Lincoln, Neb.—I simply wish to call attention to the fact that Dr. Wescott, in speaking of foreign bodies in the cornea, failed to mention the remaining scale, which is one of the greatest factors in keeping up the irritation that we have. The surgeon frequently removes a foreign body from the eye, but leaves a brownish ring or scale, thinking perhaps that it will disappear, and in my practice I have found that those cases gave me the worst trouble. The complete scale can be removed, and I think it would be well to direct attention to the complete cleaning out of the wound where a foreign body has lodged.

Spirit of the Medical Press

THE VALUE OF THERAPEUTICS.

Medical Sentinel.

"You are lucky not to have planned on a course at Johns Hopkins," was the remark made to a recent visitor to Baltimore by a physician who was just then completing a course at that school. When asked what his objections were, he said: "If I practiced medicine with a microscope, or studied medicine for the pleasure of it, and did not have to practice at all, Johns Hopkins would suit me, but for a man seeking to know how to cure diseases, I can do much better elsewhere." Another student there remarked: "Of course you know you can't cure more than three things, malaria, syphilis and some skin diseases." If this last statement is a reflection of the teaching of that school, it will be well for all of us not to send any of our young friends to Johns Hopkins. "Nihilism in therapeutics" is something with which the Sentinel has no patience.

If the study of pathology means the neglect of therapeutics, so much the worse for pathology and so much the worse for schools which make pathology their leading feature. The man whose interest in his patient ends when he finds out exactly what ails him, ought to be in some other line of work than in the practice of medicine.

Many of us are wont to deprecate the possibilities of treatment, but the most skeptical doctor in the land, when he is sick, generally takes the largest doses of medicine. In other words, it is more a style of talk than an actual belief with most who use the largest amount of sarcasm towards "treatment."

THE ROLE PLAYED BY INFECTION.

Pediatrics.

In the causation of nervous diseases, the role played by infection is more striking and apparent as these diseases appear in children than when they present themselves in adult life. A decade past scarcely a disease which belongs exclusively to the nervous system, with the exception of cerebro spinal meningitis, was looked upon as of infectious origin. But today the list includes a great number of all the important organic diseases of the brain, the cord, and the peripheral nerves, to which a child is subject. To take a few examples: No more distressing picture can be called up than that of a beautiful, healthy child suddenly stricken with anterior poliomyelitis, a disease which, while not inimical to life, is in a vast majority of

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cases an obstacle to the future usefulness and enjoyment of life.

In the majoriay of the text-books of today, even of those which are supposed to be "fin de siecle," the etiological factors still attribute this disease to exposure, to cold, trauma, previous acute diseases, and that very indefinite something, the neuropathic predisposition. All this in face of the fact that the most trustworthy and careful observations have placed beyond cavil the occurrence of these diseases, not alone epidemically, but endemically. The experience of Mendin, of Stockholm, which has been recently so fully corroborated by Caverly in our own country, shows that there can now be no doubt that the disease occurs not only under auspices exactly similar to the other infectious diseases, but pursues a strictly analogous course.

Certainly the microbe which causes the disease or the infectious process at the bottom of the condition has not yet been isolated, and, desirous as that may be, it in no way detracts from the convincing evidence which we have in hand.

As the successful treatment of infectious diseases keeps pace and goes hand in hand with our knowledge of its causation, it behooves practitioners who are in a position to see most of this disease to spare no effort to discover the actual causation of each case or each epidemic as it shows itself, with the assurance that when the real, absolute cause of the disease is discovered, its treatment, that is, its prevention, will be forthcoming.

A second example is that of polyneuritis, occurring in infancy. No stigma is cast upon the diagnostic perspicacity of the profession when we say that until very recently most of the cases of this disease have been considered unconforming of anterior polio-myelitis, in fact, cases of polyneuritis have been considered so very uncommon in children that the occurrence in an individual case has been thought of sufficient interest to prompt reporting it as a clinical rarity. The experience of neurologists, however, has taught them not to share this opinion.

Recently, Hammond has recorded a number of cases which occurred epidemically in the City of Bridgeport. Like other epidemics the disease could be traced to a certain locus. Each case had a more or less definite period of incubation, which was followed by a brusque appearance of the symptoms, and a rapid course of the disease. Although in these cases no extensive microscopical examination was made to discover a specific microbe, Dr. Lynch, in whose practice many of the cases occurred, was able to detect in one instance pathogenic organisms. For a long time causes of neuritis have been known to develop with malaria, and since the discovery of Lavran of the micro-organism of malaria, the genesis of these cases has been more explicable.

There is a class of diseases to which, as yet, the pediatric physician has apparently not had his attention specifically called, namely, acute inflammation of the brain substance. In these the role played by infection will, undoubtedly, be found to be a most important one. The experience of physicians during the last two epidemics of "la grippe" has not yet entirely come to light; the more we get of it, however, the more do we see that the late and malign results of this disease are manifested particularly in the central nervous system. The number of acute cases of encephalitis, a good proportion of which terminate in recovery, published by Oppenheim, Leichtenstern and Bucklers, is in evidence, not to mention the cases of polio-encephalitis superior, which Wernicke and his followers considered to be dependent upon a single cause, alcoholism, but which have been proven beyond a doubt to be the sequelae in a considerable number of cases of influenza, that this infection produces changes in the brain substance which deserve serious study.

Perhaps one of the most fertile fields for observation of the pediatric physician today, who studies nervous diseases is in the differentiation between inflammation of brain membranes and of the cortical substance. Up to the present date the latter have been scarcely considered. Their study, differentiation and classification will mark a most important advance in the comprehension of acute inflammatory nervous diseases of children.

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Editorial Department.

Sensationalism In Medicine.

JUST at present there seems to be a lull in the sensational medical papers, which, with the appearance of the spring tulips, usually come forth to us when we read the preliminary programmes of the State and local societies. Now, that "Castration of criminals," "Degeneracy," etc., have made the rounds of most of the societies, and appear in the published transactions of nine-tenths of the State associations, and "Electrocution" has had its day, we wonder what next is to appear. The "time-tried and fire-tested" physician who has faced the battle with death in most of its phases, expects now and then in this day of sensational journalism, to have his nervous system shocked by some new fad (or possibly fake). To him the reading of the "Nagging Woman," "The Degeneracy of the Human Race" and "Where are we at" articles, really put an edge on his dulled conceptions of life, and make him wish for a new scene occasionally on the dark back-ground of everyday existence. Who is to be "the man with an idea," who can add just a little more sensationalism to the now apparently sombre programmes for 1896? F. P. N.

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Cliques, Combines, Etc.

WE know that from time immemorial men have used their combined efforts in the accomplishment of a purpose. The political history of the world is markedly in evidence, as to the power of such combinations. The present monarchical governments are but parts of the spoils given to the victors of long ago, who in combined effort captured from the weaker brother the privilege of government. Go where you will, even to the minutest division of animal or vegetable life, and you will find there this same struggle going on. Is it not natural, therefore, that man in the division of labor, should for private good, and general benefit, favor united effort and combination in their special avocations?

Medical men form a part of the great whole of humanity, and they do not differ much from their brethren, except, perhaps, in the fact that a true medical man's personality is more striking; his views of life more sincere, and his desires of a broader and more wholesome character, than those found in many other walks of life. One thing the medical man learns early in his career, and that is, that while man is fearfully and wonderfully made, he has innate selfishness which preoccupies all space, so much so, that like original sin, it must be driven out before there is much show for a great and broad career in life. Further, that the consideration of this fact, gives to the self-seeking, ambitious plunger in medicine, the justification for his action in formulating his plans for getting on in the world. Like Darius Green, he says, "Birds can fly, and why can't I," and forthwith the extreme selfishness (the greatest possible, we believe) is put forth to lay plans for capturing the necessary power, influence, etc., by which, too frequently the misguided world measure success. The medical self-seeking man knows that he is but a unit "of a stupendous whole"—that he cannot accomplish all he desires alone, and consequently he looks about for kindred souls, "whose hearts beats with his as one," and governed by the same instinctive impulse which enables animals to find their kind, these souls sooner or later come together. Such is the nucleus for a clique; the promotor now plays his hand for further conquests, and as soon as he has enough followers or "mutually interested" individuals in some enterprise, scheme No. 1 is formulated, and the clique is then a real thing. Then it breathes, has its being, and commences to burn midnight gas in the many conferences necessary to start the ball-a-rolling. A clique is nothing but a double-distilled extract of individual selfishness. Its prayer, if it has one, is like that of the old miser's, which was, "Bless me and my wife, my son John and his wife, we four and no more. Amen." Selfishness becomes so rampant that a member of this clique cannot call in consultation any one from without its ramparts, and while the portcullis may be let down to let him be called to consult with an outsider, he is instructed to hurry back to his own confines, lest contact with the uncircumcised may defile him. By the way, so great is this unreasonable selfishness pushed, so I have been told, in a city not more than 500 miles from East St. Louis, that a member of one clique inadvertently was found within the picket line of another, and was condemned to be, metaphorically, shot by his own brothers-in-war, and the enemy said it served him right, he should be loyal to his clique.

The trouble with this form of feudalism in the end of this century is, that as soon as a man gets thoroughly dyed-in-the-wool with the secret

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decoctions found only in cliques, he is not satisfied until he is at the head of a clique himself. A clique cannot prosper, built on the order of the Siamese twins, nor can it have more than one ruler. As a result there is a disruption and a new clique is formed, and a missionary is sent to bring in new men for subjects. The success of the formation of the clique depends on the scheme in hand; if this clique has a plan for organizing or reorganizing a medical college, they have but to pick the men, and a silent campaign of but a few hours is all that is necessary to bring them into camp. If, as sometimes happens, so we are told, there becomes a demand for a new medical society (we have been creditably informed, that since the time of Columbus, such a thing has really happened), then it is possible a little more time or persuasion may be needed—a greater show of colors or dress suits may be necessary in order to excite the interest (like the toreador excites the bull with his red garment), but when once excited, then watch out, for new things will be hatched as rapidly as is a hen's egg in an incubator, but like the unfortunate chick thus brought to life, too frequently it has a creator but no mother to nourish, nurse and care for it; as a result premature debility, death.

The clique can, perhaps, publish more reasons for its existence than could Bill Nye's razor-back hog, but the *real* necessity is problematical still. We know of no reason for the existence of a clique; they are but smut on the bright escutcheon of medicine, and never give forth any good. They are like the witch's kettle in Hamlet, "they boil and bubble." Selfishness never has earned its own salt, it never will, and when medical men so far forget their mission as to play for spoils, concoct strategems and play the role of self-seekers, their usefulness is narrowed, and sooner or later they find that "all is vanity," and wish for a spot in some vast wilderness where they can rest their weary heads.

Medicine is too noble, too grand, and built of sterner stuff than to waste its energy in fighting for conquests of this character. It is bushwhacker warfare at best, for it always aims to "stab in the dark," and when "clique meets clique," then it is, we hear of such horrible tales of our professional brothers as would make Hippocrates weep to think he had ever formulated an oath, which history tells us was observed to the letter in his time, but which near the twentieth century is only one of those beautiful relics of "Greece, but living Greece no more." Medical men are proverbially jealous, and on this account many of the misunderstandings, unjust acts, and "unkindest cuts of all," are given. We hope for peace and for general belief in each others goodness. Organize for the great work we have to do; keep eternally at the extension of the power of medicine in the community, but do not let us do it with such organizations known as *cliques*. They are malignant growths, and sooner or later carry professional death or wrecked manhood in their train. Let us say with Lincoln, "with malice toward none and charity for all," we continue the good fight for the good we can do in medicine.

THE MEDICAL FORTNIGHTLY is pleased to say it is the organ of no clique, the exponent of nothing but the spirit of progressive medicine, and as such it proposes to keep up the fight for a true profession. F. P. N.

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DEATH OF GERMAINE SEE.

PARIS, FRANCE, May 14, 1896.

Germaine See, the distinguished French physician, is dead. He was born in 1818 of a Hebrew family. He was received as a doctor in 1846 by the faculty of Paris. He was made a physician to the hospitals in 1852, and in 1866 he succeeded Professor Trosseau on the chair of Therapeutics in the Faculty of Medicine. His teachings attracted great attention abroad. In 1869 he was named in place of Dr. Monneret for the Chair of Medical Clinic at the Charities, and he was also elected a member of the Academy of Medicine in that year. In 1870 he was called to attend the Emperor Napoleon III, and he reported upon the consultation which fixed the nature of the emperor's malady. In 1876 M. See went to Hotel Dieu as Professor of Clinics. He was made an officer of the Legion of Honor in 1876, and a commander of that order in 1880. He wrote a large number of treatises, and devised a number of important new medicines.

Germaine See.

SOCIETY REPORTS.—The next issue of the MEDICAL FORTNIGHTLY will contain a full report of the proceedings of the Missouri State Medical Society meeting, at Sedalia, May 19, 20, 21.

THE AMERICAN MEDICAL ASSOCIATION will celebrate its Semi-Centennial at Philadelphia, in June, 1897. There will be no exhibits, and no daylight entertainments. "Business" will be the watchword.

DR. CHARLES A. L. REED, of Cincinnati, has been selected by the European Committee on organization of the International Periodical Congress of Gynecology and Obstetrics, as Honorary President of the meeting of that body to be held in the city of Geneva, Switzerland, the first week in September of this year.

PROF. COPLIN'S SUCEESOR.—We congratulate the Vanderbilt University in the selection of Dr. Ernest B. Sangree of Philadelphia, to fill the chair of Pathology made vacant by the resignation of Dr. Coplin. The editor has known Dr. Sangree intimately since the days of student life, when as roommates we began the struggle for knowledge and recognition in the ranks of medicine. Dr. Sangree is deserving of all that has befallen to his lot, for his indefatigable endeavors have been those which our old copy book at school used to say would bring reward. We are pleased to announce that Dr. Sangree will favor us with letters during the summer, from Vienna where he now is, engaged in study, preparing to taking up the work in the Vanderbilt University in the fall.

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Sleeplessness.

IT is unfortunate that the physiology of sleep is not better understood. It is even more unfortunate that what we do know about the phenomenon of sleep is not more diffused among the profession. How frequently indeed, do we observe physicians who mistake unconsciousness for sleep, and who seemingly regard the goal of the application of their therapeutical measures, as having been reached, when they have succeeded in rendering a tired, worn out, nervous individual oblivious to his surroundings by placing him in a condition which they call sleep, but which is, simply unconsciousness. An experience of several years in insane hospital practice presented to the writer, in a very strong light, the enormity of this error and its wide prevalence. It was no uncommon sight, to see patients brought to the hospital in an unconscious state, due to the administration of narcotics; opium or morphine being the favorite drug used. One case is worthy of mention here, a male, neurasthenic, harmless, but suffering from the exaggerated mental symptoms, so marked in this disease, was accompanied by his physician to the hospital. The physician stated his reason for coming was, that he considered it important to keep his patient asleep, so that he would not appreciate the humiliation of entering the hospital, and further, that inasmuch as he had not been sleeping well for some time, and that he was now sleeping, he considered the opportunity a good one, to let him recuperate. To this end, the physician was at intervals giving hypodermic injections of morphine, and the poor, worn-out, narcotized patient, saturated with morphine, and believed to be asleep, was, as best he could, with his worn-out nervous mechanism, fighting for his life, which his respiration, weak pulse and inhibited reflexes, showed was at very low ebb. This case was not an exceptional one; it was, alas, too common an experience. The physician had lost sight of the very essential principle which should govern our therapy in the treatment of sleeplessness, and that is, that sleep has for it, object the repair of the wear and tear of vital processes of life, and to insure sleep we must not interfere with these processes, which we do when drugs are given until sedation results.

There is another thing to bear in mind in the consideration of sleeplessness, and that is, that there is a source of irritation somewhere in the economy, which, if relieved, will be followed by sleep. Again, "an axiom" well worth remembering, is, that the more gentle the means employed to induce sleep, the more natural will be the sleep induced, and the more gentle the means employed, the more careful must we be to select the right time for their use. We believe that Dujardin-Beaumetz was right when speaking of the use of drugs in the treatment of sleeplessness; he said: "That for a drug to be hypnotic, it must imitate the natural condition of sleep, by effecting a lowered intra-cranial pressure and that drugs which, though bringing about unconsciousness do not lower cerebral pressure, or which increase it, cannot claim to be hypnotics. Opium and morphine are objectionable on this ground. Drug treatment must put the patient in a position to go to sleep in a natural way, and not *put* him to sleep." Sedatives do this, but narcotics do not.

In the use of sedatives we must be cautious and not use them *ad libitum*. The writer in a paper on "Sedatives in the Treatment of Insanity" (1892,

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Hospital Bulletin of Minnesota), said, "Each case is a 'law unto itself,' and as such requires patient and persistent study ere we commit the folly of giving a hypnotic, when more simple and efficacious methods would produce satisfactory results." You cannot cure sleeplessness by drug treatment; the drugs simply conserve nervous energy and act as valuable assistants to the building-up process, necessary to cure the sleeplessness. Sedatives act, as before stated, by placing the patient in a position to go to sleep, and nature does the rest.

In our experience we have learned to rely upon the bromides, choral, cannabis indica and hyoscyamus as sedatives, which, if judiciously used, bring order out of chaos. The bromides lower the sensibility of the brain, and thus promote sleep. The single salts can be used, but in the writer's experience, where a sedative is indicated in sleeplessness, it is better to combine them, and when there is any excitement, add chloral. Cannabis indica is a sedative which is but little used by the general practitioner, and for the reason that it is misunderstood, misrepresented, and as a result never used as it should be. Clouston, Mathison and Echeverria have taught us their value. Hyoscyamus is another sedative, the value of which is not appreciated, a drug which is endorsed by Budde, Brush, Krafft-Ebing as a hypnotic. Now, these valuable sedatives, when combined, give us a thoroughly reliable and satisfactory agent, with which to treat sleeplessness, and in the writer's experience no more elegant or reliable preparation is before the profession than that of Bromidia, in which is combined in proper proportion, the bromide of potassium, chloral hydrate, hyoscyamus and cannabis indica. We feel that the profession can always rely upon this combination, and find it especially useful in the treatment of sleeplessness.

F. P. N.

The Improvement of The Condition of Deaf Mutes.

THERE is much satisfaction in the increasing activity displayed in the study and prophylaxis of deaf-mutism, both in Europe and America. We are daily being brought more and more strongly to realize the truth, that the hearing of very many of the inmates of our institutions for the deaf and dumb, is susceptible, by proper attention, of great improvement by well directed therapeutic efforts. A comparatively small number of these children of silence are ushered into the world with defective hearing apparatus. The deafness exists as an acquired condition. A mass of adenoids, an attack of one of the exanthemata, a profound cold acquired in the first few hours after birth--these and many other things may set up a train of middle-ear disturbances, which obtund the infant's hearing power to such a degree, as to render it incapable of hearing the conversation of others, and hence of learning to speak. Deaf-mutism will doubtless always exist; but from the very moment that we realize the possibility of rescuing a part of its victims, it becomes our duty to do our utmost to bring this relief about. The individual who is deaf is quick to assert that his affliction entails quite as great a hardship upon him as does the loss of sight upon his neighbor who is blind.

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It would be hard to choose between these noble senses, were one compelled to yield up one of them.

The legislative bodies of several of our states have recognized that the ranks of the inmates of our asylums for the blind are largely recruited from those whose condition might have been prevented. Laws have been enacted looking to the prophylaxis of this condition. If enforced, this is excellent legislation. But we should not halt here—we should give the child the same protection against acquired deafness and consequent deaf-mutism, that we render his brother against becoming blind. It is our duty, as physicians and citizens, to urge upon our legislators, first, that many may be rescued from the ranks of the deaf and dumb by proper treatment of the upper air-passages; and second, that appropriations must be made sufficiently liberal for the carrying on of the work.

In the meantime, we watch with great interest the progress made along the line of developing the remnant of the hearing-power that is left in so great a number of deaf mutes. Our readers will remember with great pleasure the valuable statistical paper recently written for the FORTNIGHTLY by Professor S. T. Walker, superintendent of the Illinois Institution for the Deaf and Dumb, and bearing upon this very point. It is with great pleasure then, that we note the appearance of a little book on "Hearing Through the Teeth," by the inventor of the audiphone, Mr. R. S. Rhodes, of Chicago. It is now sixteen years since the invention of this instrument, which is based upon the well-known principle of increased bone-conduction of sound in those middle-ear diseases, referred to in our opening paragraph, and where the sound-perceiving apparatus is intact. This condition exactly determines the usefulness of the instrument. And now, in this class of cases, it becomes, as shown by its inventor, a wonderfully valuable adjunct in the education of many at present treated as deaf mutes. As an example is cited, the case of a boy of twelve, who was removed from an institution for the deaf and dumb to a farm. He was fitted with the audiphone, and, where he had previously heard no sound, he now heard the lowing of the cattle, the squealing of pigs, the cry of the turkey-gobbler, and other sounds. With such an appreciation of sound, the acquiring of speech is a rapid matter. We receive with great pleasure every added facility for the education of the deaf in speaking; and the invention of the audiphone has evidently given us an instrument of great value, in certain forms of deafness.

J. J.

The Roentgen Ray.

DR. W. J. MORTEN, of New York, in the April 25th issue of the *New York Medical Journal* presents a most interesting Röntgen picture of an infant, aged nine weeks, showing the skeleton bones, liver, stomach, heart, etc. This is by far the most complete Röntgen picture yet shown, and indicates the practical possibilities of this most wonderful discovery. After a time, when the study of exposure, distance of location of the tubes and other improvements have been perfected, we may be able to study the internal organs with some satisfaction. Internal medicine, as well as surgery, will be greatly benefited by this invention.

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Testimonials.

"I HAVE used but two bottles of your 'Elixir of Life,' and am now well. For several years I have been under the best physicians of the State, several of whom gave me up to die, but thanks to your great remedy, I am alive today and well; and I only took two bottles of your grate remedy. Believe me as forever the friend of this greatest remedy in the world. Wishing you success, I am Very truly yours, SIMPLE SIMON."

The above is in line with a testimonial which I saw recently in one of the leading religious journals of the West, giving support to one of the greatest fakes of the century. And it was signed by a man very well known in politics and journalism. He was the net which this famous remedy had set for suckers, which is now being pulled in. Think of it, a journal which in its editorial pages condemns shams, inconsistency, imposters, and yet in its advertising pages is doing more to rope in the good deacons than a three-card-monte man will do, when Elder Jones from Podunk comes to the city to attend the fair. "Consistency, thou art a jewel," and how in the name of human justice, can a leading religious journal, which to our knowledge reaches 17,000 homes, publish such bait, we cannot understand.

Only recently we met a clergyman (a good, honest man, too) who was following the cold water rectal injection treatment for every complaint from the top of his head to the cuticle on his feet, simply because a good brother had sold him the book which told how, why and when, all for $2.00; and he had already saved a big medicine bill, he said. He was sincere, and when inadvertently I remarked that in my experience rectal injection did do good occasionally, he said; "Doctor, I would gladly send you my book, so you may learn the treatment, but I promised the agent I would not lend it to any one, nor teach them the method, but here in ——— weekly (a good religious paper) is his address, you can buy one if you want to get it." Poor fellow, I presume his sphincter is now like a well-worn door spring, and needs a new puckering string. He is going to write a testimonial; he had been treated by physicians, but all to no avail. The rectal douche did the business.

Testimonials are always, in polite society, considered as valuable passports. This is a day of references, and a young man in a great city stands but little chance for employment without testimonials as to his qualification, etc. Testimonials are all right in their place, but it is their abuse which condemns the procedure. A fake remedy gets two or three good testimonials, and that is what is wanted. It is capital enough to startle even Cripple Creek with its possibilities. And when a well-known clergyman—proverbially easily duped by sharks—signs his name and gives his portrait, then dividends will be declared shortly. It is very humiliating to a learned profession like medicine, to see an equally learned profession, so confessedly weak, and exposed to the man chasing the dollar. Not until religious journalism can get above accepting the advertisements of patent medicines, new treatments and sundry fakes, can we have much hope of seeing learned clergymen cease to give testimonials. F. P. N.

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The Journal of the American Medical Association will hereafter hail from he Occidential Bldg., 61 Market St., Chicago.

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Original Department.

PAPERS for the Original department should be in hand one month in advance, and contributed to THE MEDICAL FORTNIGHTLY exclusively. A liberal number of extra copies will be furnished authors, and reprints may be obtained at reasonable rates, if request accompanies the manuscript. Engravings from photographs furnished free.
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Address books, subscriptions, and communications to THE FORTNIGHTLY PRESS CO., Union Trust Building.

An Interesting Case of Simple Atrophy.

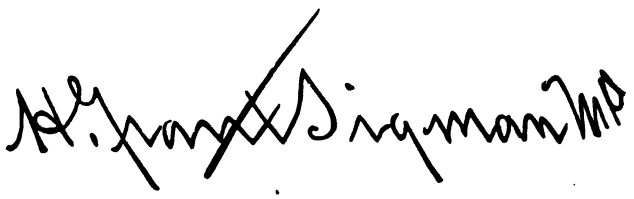
BY H. G. SIGMAN, M. D.,
CRIPPLE CREEK, COLO.

I DESIRE to report a case of Simple Atrophy, not on account of the rarity of the disorder, but rather because of the extreme wasting which occurred in this particular case.

The child was left on the steps of the foundling institution in which it was cared for, presumably at the age of five weeks, so that no previous history of child and parents was obtainable. At the time of its admission, the child weighed about six pounds, but early symptoms of "marasmus" were then present. These symptoms gradually increased; the face became thin, the eyes sunken, the skin parchment-like; there were characteristic erythematous patches in the region of the genitalia and over the buttocks, and with these symptoms there was progressive emaciation. Aphthous ulceration and thrush deposit were present in the mouth, the anterior fontanella was depressed, and the bowels were constipated, alternating with diarrhea, the stools being light in color and containing cheesy lumps, coated with greenish mucus. Frequent vomiting occurred, and the child cried almost continually, being only temporarily appeased by food. It was fed the cream mixture, after the formula of Keating, and the usual treatment was prescribed to correct the gastro-intestinal trouble and promote the nutrition. The appearance of the belly was characteristic, being very prominent. The retraction of the abdominal walls, as seen in the accompanying cut, is the result of the convulsion in which the child died.

In reviewing these symptoms, so familiar to all, my object is merely to show that the case was typical in every particular. The child died at the age of four months (approximately), weighing slightly less than four and three-quarter pounds, which was about a pound and a half less than it weighed upon admission, twelve weeks previous.

The accompanying cut excellently shows the extreme degree of emaciation present at the time of death.



208 Bennett Avenue.

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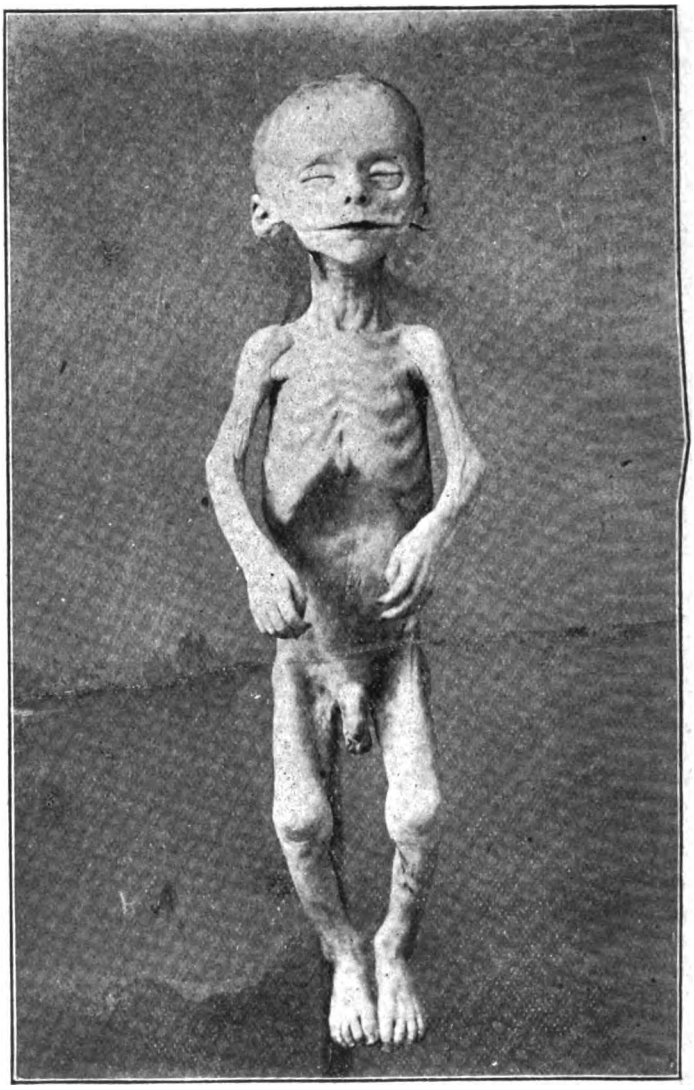

Dr. Sigman's Case of Simple Atrophy.

Length 19 inches.

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The Medical Fortnightly

Report of a Case of Horseshoe Fistula of the Anus.

BY S. G. GANT, M. D.,

KANSAS CITY, MO.

Professor of Diseases of the Rectum, University Medical College.

Read before the Kansas City Academy of Medicine.

BY a horseshoe fistula, we mean one in which the sinus encircles the rectum, and has one or more openings upon the buttocks, on either side of the sinus, and also a branch sinus, which connects it with the rectum. This variety of fistula is the one which taxes the surgeon's skill to the utmost, in order to effect a cure without impairing the function of the sphincter muscle. The reason of this is, that there are four or five openings as a rule, and if we pass the grove director in at the external opening, bring it out at the anus, and cut the intervening tissue, as "text-books" on surgery tell us to do, by the time we have finished the operation we have severed the sphincter muscle several times; and in all probability when the sinuses have healed we find that he patient has fecal incontinence.

I report this case to show how we may operate on these complicated cases with comparatively little danger of causing incontinence.

A gentleman, aged thirty-six, was brought to me by a physician of Southern Kansas with the following history. None of his relatives had suffered from tuberculosis in any form. Barring his fistula he had never been sick a day in several years, and was to all appearances a strong, robust man. Some five years before coming to me he had suffered from a very extensive ischio-rectal abscess, which was not opened by his physician, but was allowed to come to a head at its own sweet will. In time it opened upon the surface, and discharged freely for a few day, and he felt very much relieved. The only dressing used was old rags, applied after the external parts had been bathed with cold water. As time went by it continued to discharge slightly until one year had gone by. At this time the discharge stopped, and he commenced to suffer considerable pain; had a slight chill, a rise of temperature, and all the symptoms of pus formation, and in two or three days he had a well-defined abscess located on the left buttock, three inches below the old opening, which discharged freely, as the former one had done, thus making two openings.

A few months later the discharge was arrested and another abscess formed, and thus he went from bad to worse, until at the time I saw him he had six distinct fistulous openings, which communicated with each other and with the rectum. By passing the finger over the buttock, around the anus, the hard pipe-stem like sinuses could be felt in the subcutaneous tissue, proving the fact that they were not all of recent origin. Internal examination revealed the mucus membrane much thickened and firmly adherent to the submucus tissues, while the sphincter muscles were enormously hypertrophied, and felt like cartilaginous bands. The patient was placed in All Saints Hospital for two days, and prepared for the operation. Chloroform was then administered, and an attempt was made to divulse the sphincter

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muscle, which was not accomplished, owing to the hypertrophied condition of the spincter. I felt certain that if I put the probe into the rectum through so many openings, and cut the muscle in so many places, that my patient would certainly have incontinence, which is the greatest of all misfortunes. I decided to make all the external sinuses communicate with each other externally, and then with the rectum, and thus avoid cutting the sphincter but once; this was successfully accomplished after the following manner:

First. A grove director was passed from the opening just beneath the scrotum and out at the one an inch below, and all tissues thereon are severed.

In the bottom of this sinus I found another opening, and on passing the director downwards and to the left for a distance of more than three inches, its point emerged through the lower opening. The tissues thereon were then cut, which left an immense, deep, gapping wound. After searching for some time I found a communication between the end of this sinus and the one which opened one inch directly behind the anus, which was treated as the others; there was another sinus half an inch in length to the right of this one, which was also opened up in the bottom of this one; opened two sinuses which were probed, one passed upwards and a little to the left and opened in the rectum one and a half inches above the anus, the other passed upward and to the right for a distance of four inches, where it opened on the right buttock. A director was passed into the latter and the tissues incised, which made even a larger wound than the one already mentioned. At this juncture the sinus communicating with the rectum was incised, care being taken to cut the muscle at a right angle. All the sinuses were then curetted, and all dead tissue removed. On making an examination I found that I had made a semi-circular wound about ten or twelve inches in length. This was irrigated and packed tightly with gauze to arrest what little oozing there was, over this was placed cotton and a T-bandage. It was found necessary to tie but two vessels during the entire operation, which required but thirty minutes from the time it was begun until the patient was placed in bed.

AFTER TREATMENT.

On the second day the dressings were removed, the wound was irrigated with a bichloride solution, after which iodoform gauze was packed loosely in the bottom of all sinuses, they were then covered with cotton and supported by a T-bandage. The first day or two the patient suffered some little pain, and had a degree or two of fever. After this, however, he did not have a rise of temperature, or any pain, except when he was being dressed. The dressings used were those already mentioned, except now and then when the granulation seemed sluggish, I stimulated them to renewed action by mopping the wound over with the Balsam of Peru, or a solution of silver nitrate, fifteen grains to the ounce. This patient made an uninterrupted recovery, and was discharged from the hospital cured at the end of two months, with perfect control of the sphincter. I saw him again one year after his discharged, and he said he was perfectly well.

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The Medical Fortnightly

THE OPHTHALMOSCOPE

THIRD PAPER

BY J. ELLIS JENNINGS, M. D.,

SAINT LOUIS

Ophthalmic and Aural Surgeon to the St. Louis Mullanphy and Methodist Deaconess Hospitals; Consulting Oculist to the M., K. & T. Ry. Co.; Secretary of the St. Louis Medical Society.

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THE OPHTHALMOSCOPIC EXAMINATION.

THE ophthalmoscopic examination comprises four methods: 1. The oblique or focal illumination. 2. The direct method at a short distance from the patient. 3. The indirect method. 4. The direct method close to the patient.

In order to make a thorough and satisfactory study of the eye a systematic examination is of the greatest importance. Each method tells its own story, and it is only by a careful review of the facts thus obtained, that we are able to make a comprehensive and reliable diagnosis.

It may seem a waste of time to examine each eye systematically in the way about to be described, but the surgeon's reward will be a reputation for careful, accurate work. Hutchinson says, "No mistake is easier to make, or more frequently made, than by the immediate employment of the inverted image to overlook the fact that the media are not perfectly transparent. With strong illumination you can look right through a slight opacity in the cornea, lens, or vitreous, and observe only that the retina and choroid are seen indistinctly. Many a diagnosis of "hazy retina" ought to have been 'opaque vitreous.' It is like criticising the beauty of a prospect, and declaring that it looks dull, when you have forgotten to observe that the window wanted cleaning. If you have any doubt as to the state of the cornea or lens, examine them by oblique illumination before going further. Many opacities in the cornea are so slight that you overlook them on naked-eye inspection, and also with the ophthalmoscope mirror, but find them directly by oblique illumination." We, therefore, go about our work in a systematic way, as follows:

1. THE OBLIQUE OR FOCAL ILLUMINATION.

For the oblique illumination we require a large convex "object lens" of 13 D. (see Fig. 11), and a compound lens which magnifies about four diameters and has a flat focus at three-fourths of an inch (see Fig. 10). The convex lens intended for oblique illumination, and which is sold with the ophthalmoscope, is usually too small. It should be about one and three-fourth inches in diameter, and have a metal rim and handle, as shown in Fig. 11, or the rim may be omitted and the handle attached directly to the lens by means of two rivets. The great advantage of a handle is, that during the examination by the indirect method the surgeon's hand rests on the forehead or cheek of the patient, and is out of the way. This large

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lens should be kept clean, as any specks of dirt on it will appear as black dots on the patient's retina. To examine the eye by oblique illumination the patient is seated in a chair in the dark room and facing directly forward. The lamp is placed about eighteen inches in front and a little to one side of the eye to be examined. The surgeon stands or sits on a stool in front of the patient, raises the upper lid with the thumb of one hand, while with the other he holds the large lens between the eye and the lamp and brings the rays to a focus on the cornea. The bright point of light is then made to move slowly over the whole area of the cornea, and any unevenness of its surface, a small foreign body or a very fine opacity, is easily discovered. Having examined the cornea, the object lens is brought slightly nearer and the cone of light thrown on the iris and pupillary area. We look for any attachments of the iris to the lens capsule (posterior synechia) or small dots of pigment on the capsule which denote a previous iritis and points of iritic adhesion.

The object lens is now brought a little nearer to the eye, and the nucleus, the posterior capsule of the lens, and the anterior portion of the vitreous are inspected. It should be remembered that in examining the lens and anterior portion of the vitreous by this method, that the eye of the surgeon must be kept close beside the object lens to catch the rays that are reflected by these deeper structures.

If during the course of this examination any abnormal condition is discovered, a magnified view of it may be obtained by means of the compound lens. The part is illuminated with the object lens, and the compound lens is held about three-fourths of an inch from the eye, at the same time elevating the upper lid with the fingers of the same hand, see Fig. 12.

2. THE DIRECT METHOD AT A SHORT DISTANCE FROM THE PATIENT.

The lamp is now placed close to the patient's head on a level with the ear, so that the eye remains in shadow, see Fig. 13. Standing or sitting about two feet in front, the surgeon keeping both eyes open, looks through the sight-hole of the ophthalmoscope mirror and reflects the light into the eye. The pupillary area, which ordinarily appears black, is now brilliantly illuminated and of a bright red color. By this method the details of the fundus are not visible, but only a brilliant area of red, which is called the fundus reflex. If we are examining the right eye, and the patient looks over our left shoulder, the bright red of the fundus is seen to change to a canary yellow. This is due to the fact that we are viewing the reflex from the optic disc, which is much lighter in color than the rest of the fundus. The patient is now requested to move his eye in various directions. Any opacity of the cornea, lens or vitreous will appear as a black mass in the red field. If it is located in the cornea or anterior portion of the lens the black mass moves up when the eye is turned in that direction, or down when the eye is turned down. An opacity seated in the posterior portion of the lens, or a fixed opacity in the vitreous moves in an opposite direction. i. e., moves down when the eye is turned up, etc. If the whole lens is opaque (ripe cataract), or the vitreous is filled with blood, the fundus can

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Fig. 10. Compound Lens.

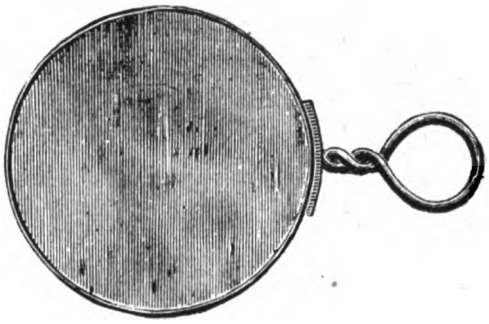

Fig. 11. Object Lens.

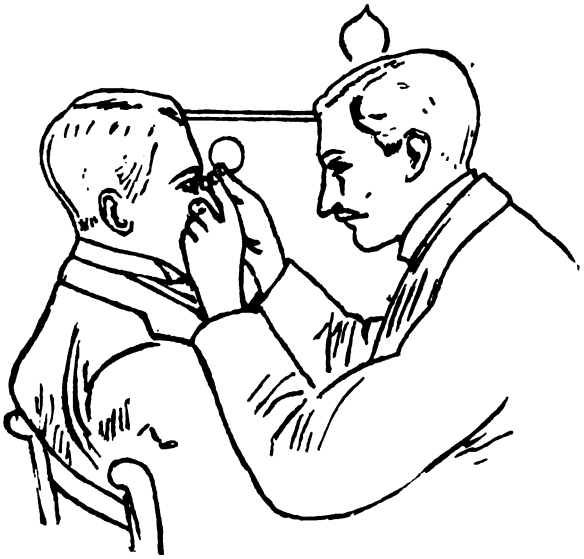

Fig. 12. Oblique or Focal Illumination (Lang).

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not be illuminated, and of course there will be an absence of the red reflex. If we wish to determine the presence of floating vitreous opacities the patient is requested to move his eye about rapidly, and then to look straight ahead. In this way the opacities are stirred up, and we see them as dark masses floating about in the illuminated area. The fine dust-like opacities of the vitreous, so characteristic of syphilis, are best seen in a dim light by the direct method close to the eye, and with a convex lens of 10 D.

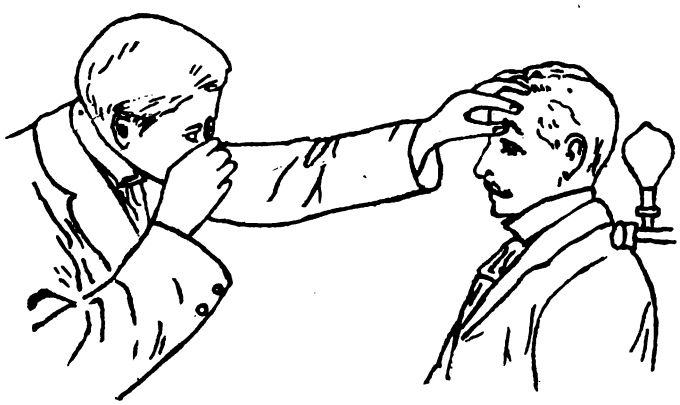

Fig. 13. The Direct Method at a short distance from the patient (Lang).

As stated above, when we view the fundus by the direct method at a short distance from the patient, we do not see the details of the fundus. But sometimes we do catch glimpses of the disc, blood vessels, etc., and when we do it always indicates myopia or hypermetropia. If these details of the fundus are seen easily and distinctly, then, in all probability it is an inverted image, and the eye is myopic. If only a passing glimpse of a large vessel is obtained, then very probably we have to do with an erect image and the eye is hypermetropic.

J. Ellis Jennings, M.D

2942 Washington Ave.

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Recent Gynæcological Formulæ.

BY CHAS. EVERETT WARREN, M. D.,

ROSLINDALE, MASS.

Exclusively for THE MEDICAL FORTNIGHTLY.

Disinfectant and Oxidant Injection.—Permanganate of potash, 4 grammes; water, 200: a wineglassful to a litre of water. In this strength it may be safely used in intra-uterine injections. This is the ideal disinfectant, its properties of staining the clothing being the only objectional feature.

Creoline Solution for Injection in Gonorrhœa and Leucorrhœa.—Creoline, 2 grammes; extract of hydrastis canadensis, 10 grammes; water, 200 grammes: two tablespoonfuls to a half litre of warm water for an injection. This mixture is also of value in urethral injections for gonorrhœa in the male. For this purpose take: extract of hydrastis, 2 grammes; creoline, gtt.-x.; water, 250 grammes: to be used undiluted.

Amenorrhœa.—Bartholow recommends:

Extract of nux vomica,.....1.50 grammes
Arseniate of iron,.....75 grammes
Sulphate of manganese, dry,.....12 grammes
M. Sig. Divide into 100 pills. One pill three times a day.

Emmenagogue Mixture.—(Pons.) Pulverized indigo, 30 grammes; mugwort, 15 grammes; ginger, valeriac, theriac, aa—; macerate in syrup of pinks and add honey, q. s. A teaspoonful two to four times a day. This is indicated in amenorrhœa.

Amenorrhœa.—Tartrate of potash and iron, 5 grammes; extract of artemisia, extract of absinthe, each, 2 grammes; aloes, socotrine, 1 gramme; essence of anise, q. s.; Make 50 pills; take two at each meal.

Aphrodisiac Syrup for Women.—(Gros.)

Ginseng root,.....30 grammes
Rosewood,.....30 grammes
Truffles,.....60 grammes
Catnip,.....30 grammes
Vanilla pods,.....15 grammes
Cardamon seed,.....30 grammes
White sugar,.....1000 grammes
Ambergris,..... 1 gramme
Musk,..... 2 centigrammes
Malaga wine,..... 1 litre
M. Sig. A tablespoonful morning and night.

Chas. Everett Warren

TO BE CONTINUED.

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The Railway Surgeons' Meeting.

The Ninth Annual Meeting of the National Association of Railway Surgeons, which recently convened in St. Louis, was an unqualified success. The Association has grown to be one of the strongest in the country, having 1200 picked men on its roll, 600 of whom attended the St. Louis meeting, and it has developed beyond the hopes of its founders, for it has become decidedly an international affair.

The convention was held in Pickwick Theater, a hall most happily situated and arranged for gatherings of this nature. The first floor was devoted to the displays of various pharmaceutical and instrument houses, and presented, according to the daily press, "a delightfully grewsome appearance." The hall above was the scene of the association's deliberations.

Dr. W. B. Outten, chairman of the local committee, opened the session by introducing Health Commissioner Starkloff, who welcomed the association to St. Louis. After a brief response by Dr. F. J. Lutz on behalf of the association, Dr. Outten introduced its President, Dr. J. B. Murphy, of Chicago, and the work of the ninth meeting began.

Without exception, the papers presented were excellent, worthy of the attention of such an audience. The discussion of papers was active and decidedly interesting. Probably the two events of the meeting were Dr. Wellington Adams' illustrated lecture on the "Röntgen Rays," and Dr. F. J. Lutz's clinic at the Alexian Brothers Hospital. Dr. Adams gave a most lucid explanation of Röntgen's discovery, and demonstrated it and its utility in a manner that excited the admiration of all. Dr. Lutz's clinic was all that could be desired; it was probably one of the best clinics ever held in the city.

Space will not permit a detailed account of all the good things. The sessions were characterized by scientific work, and there was not a point that could be mentioned which would not reflect honor on the association. The final business of the meeting was the election of officers for the ensuing year: Dr. Frank J. Lutz, of this city, was elected President; Dr. Cassius D. Westcott, of Chicago, Secretary, and Dr. E. R. Lewis, of Kansas City, Mo., Treasurer, by a rising vote. The Vice-Presidents elected were Dr. W. R. Hamilton, of Pittsburg, Pa.; Dr. J. H. Letcher, Henderson, Ky.; Dr. Eddy, of Utica, N. Y.; Dr. Hutchinson, of Montreal; Dr. A. C. Wedge, of Albert Lea, Minn.; Dr. Goode, of Macon, Ga., and Dr. Lee, of Omaha, Neb.

The Executive Committee consists of Dr. Albert L. Bouffleuer, of Chicago; Dr. J. N. Jackson, Kansas City; Dr. James A. Duncan, Toledo; Dr. J. B. Murphy, Chicago; Dr. W. S. Thorne, Toledo; Dr. W. D. Middleton, Davenport, Ia.; Dr. J. A. Barr, McKee's Rock, Pa.

The following gentlemen were elected honorary members by acclamation: Dr. John B. Deaver, Philadelphia; Chauncey M. Depew, New York; Alexander G. Cochran, St. Louis; Dr. J. W. Ayer and Dr. Darling, Cape Town, South Africa; Dr. H. L. Jocelyn, Kansas City.

The selection of a place for holding the next convention was discussed at some length without arriving at a satisfactory solution, and finally, upon

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motion, it was decided to leave that question to the Executive Committee. It is very probable that some Eastern city will be selected as the meeting place.

FRANK J. LUTZ, M. D.,

SAINT LOUIS.

Dr. Frank J. Lutz, the new President, is one of the most prominent physicians and surgeons in St. Louis, where he was born. He is 40 years old, and has been engaged in the practice of medicine for twenty years. He at present fills the position of chief surgeon of the St. Louis and San Francisco Railway Company, and is also chief surgeon at the Alexian Brothers' Hospital. Dr. Lutz's especial field is the practice of surgery as represented in hospital work. As President of the State Board of Health he received the highest commendations from educators and from the most eminent physicians in the State, for his endeavors to elevate the standard of medical education.

DR. NICHOLAS SENN of Chicago, was unanimously elected president of the American Medical Association at the meeting held in Atlanta. A very deserving honor to the high attainments of Dr. Senn who today is the most interesting character in Western surgery, if not in the United States.

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Fortnightlettes

H. C. FRICK will build a children's hospital to cost about $50,000, in Pittsburg.

DR. JNO. F. MCKENZIE, of LeRoy, Ill., formerly superintendent of the Illinois Central Hospital for the Insane, died April 13th, after an illness of several weeks.

DR. WOODS HUTCHINSON, of Iowa City, who has been lecturing upon Comparative Pathology at the University of Buffalo, has been honored by the election to that chair in the university.

DR. H. GRANT SIGMAN, we regret to learn was burned out in the late Cripple Creek fire. The doctor is located temporarily at 1118 Forest Avenue, Kansas City, while his offices are being rebuilt.

REVENUE FROM THE DOCTORS.—There are about 9500 physicians in Ohio. The cost of registration under the new law is $5.00, and when the examination is required, the fee is $25.00. The doctors will probably contribute about $50,000 to the board.

DR. CHARLES W. BURR, of Philadelphia, has been elected neurologist to the Philadelphia Hospital, to fill the vacancy caused by the resignation of Dr. Wharton Sinkler. THE MEDICAL FORTNIGHTLY extends its congratulations to Dr. Burr. Our readers will remember that he honored us with a contribution recently.

THE METRIC SYSTEM OF WEIGHTS AND MEASURES.—A bill has been favorably reported in the House of Representives providing that in all departments of the federal government business, requiring the use of weights and measures, shall be conducted on the metric system after July 1, 1896, and extending this system to the commerce of the country on January 1, 1901.

DR. J. J. TAYLOR, of Philadelphia, made the FORTNIGHTLY a very pleasant call on April 18th. Dr. Taylor is doing the Mississippi valley in the interest of his journal, *The Medical Council*. The doctor says that medical journalism is in a flourishing condition in the Quaker City, and we judge from appearances that the *Medical Council* is enjoying its full share of prosperity. We remember Dr. Taylor for his kindnesses toward us during our student days, and feel his journal will be a reflection of his largeness of heart and friendship.

NEW MEDICAL BOOK STORE.—St. Louis is to have a medical book store; something long looked for by the medical profession, and we congratulate The W. T. Keener Co. for recognizing this need and filling it. Heretofore orders for medical books were delayed until the desired volumes could be obtained from the publishers; now we are to have a well-stocked store in our midst. E. H. Colegrove, who will have charge of the St. Louis Keener store, is an experienced man in the business, having been for several years engaged in the medical book trade in Chicago. The St. Louis profession and the profession tributary to St. Louis can now have their orders filled on short notice, and will, we are sure, be pleased with the service of The W. T. Keener Co.

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The Bulletin of the American Medical Publishers' Ass'n now appears in an attractive cover.

P. BLAKISTON, SON & CO. of 1012 Walnut Street, Philadelphia, have issued a very handsomely illustrated catalogue of the valuable books which they publish.

THE AMERICAN MEDICAL PUBLISHERS' ASSOCIATION held an interesting meeting at Atlanta, May 5. The proceedings will appear in the *Bulletin* of the A. M. P. A. for June.

The Virginia Medical Semi-Monthly has made its appearance. As a monthly it has won itself a welcome with those who appreciate a good thing. We anticipate pleasure from the increased frequency of its visits.

CONSUMPTION OF HORSE FLESH.—Paris leads the world as a market for horse flesh. In 1895 the number of horses killed for consumption as food was 23,186, this being exclusive of 23 mules and 383 donkeys. The total weight of meat sold was 51,350 tons, and this was sold at 186 shops stalls, which are not allowed to sell any other kind of meat.

THE RIO CHEMICAL CO. of this city is issuing a very artistic and certainly a very valuable booklet on Urethral Diseases. The Rio people have established a reputation for doing every thing they attempt in the best manner that it could be done, and this booklet will be found an evidence of the characteristic. Those interested in urethral diseases will find it profitable reading—it is sent on application.

PROF. ERNEST B. SANGREE, M. D., recently elected to the chair of Pathology in Vanderbilt University, Nashville, will contribute to the symposium, "How to Teach Medicine," a paper on "How to Teach Pathology." Dr. Sangree is Pathologist to the Philadelphia Hospital and Assistant Professor of Pathology in the Medico-Chirurgical College of Philadelphia, has had exceptional opportunities to acquaint himself with the needs of the student. We feel honored to have him as a contributor.

PARKE, DAVIS & CO. are now distributing their price list for '96. This list shows that this popular institution is doing a work of almost incredible vastness. They furnish the market with twenty-nine distinct lines of preparations and *six thousand* different products. The rapid increase in demand for these preparations has necessitated the opening of two new branch houses, one in New Orleans, the other in Baltimore.

The secret of their phenominal popularity is potent to all who know the firm: Scrupulous in integrity, boundless in courtesy to medical men seeking pharmaceutical or therapeutic information, scientific in methods and with great "driving-force" in management—that kind of energy which never rests, which is never satisfied, to which the goal of yesterday becomes the starting-point of to-morrow,—they *have* to succeed because they build on the right foundation. Their price list, by the by, is so exhaustive and convenient for reference—so admirably printed and cleverly arranged—that no physician should be without one, and we counsel our readers to write to Parke, Davis & Co. for a copy.

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Philadelphia Letter.

[SPECIAL CORRESPONDENCE OF THE MEDICAL FORTNIGHTLY.]

Our medical institutions and societies have been pursuing an even tenor, without allowing a single startling event to disturb them.

Papers of more or less interest have been read and discussed at the County Medical Society. The Pathological Society has had its usual number of interesting specimens presented, and so your scribe finds little to write about.

At a recent meeting of the County Medical, Dr. Meigs, whose father before him was noted for his work on infant feeding, gave a short paper on some of the ideas involved in this subject.

Dr. Meigs was one of the first to hold that the amount of casein in mother's milk seldom exceeded 1 per cent, and now a number of prominent physiologic chemists hold the same opinion. Of course, this fact requires the greater dilution of cow's milk than formerly practiced.

We have a milk laboratory in this city now, just as in Boston and New York ,and the idea involved is to put up milk modified in any way the physician directs. They are the milk pharmacists that fill doctors' prescriptions. The only impractical thing about it all is the expense, but when the physicians learn to teach their patients that it is much better to spend a few dollars in good than in poor medicine, this difficulty will be overcome.

At the last meeting of the County Medical, Dr. H. G. McCormick, president of the State Medical Society, made an address upon the therapeutic uses of Guaiacol. This cresote product has a variety of uses. Dr. McCormick had good results from its use as a local application in diphtheria. Dr. Solomon Solis Cohen has had a like experience. He uses a formula consisting of ten parts guaiacol, one part menthol, and ten parts olive oil. It will be remembered that Loefler recommends toluol, a coal tar product, as very efficacious in diphtheria.

The Pathological Society had the pleasure recently of listening to a paper on "Immunity," by Dr. B. Meade Bolton, the chief of the city bacteriologic laboratory. But Dr. Bolton told us nothing new, and the subject still remains obscure. There are many theories in the field, but not one will hold water. And the famous phagocytic teaching, that if the phagocytes are more powerful than the bacteria, the person does not come under the influence of the germ, and on the other hand, if the germs are stronger, the phagocytes are overpowered, is simply the statement of a supposed occurrence, not an explanation. In other words, the bacteria affect the system because they are stronger; if the system is stronger, the bacteria have no effect. After the meeting a reception was tendered Dr. Bolton.

The bacteriologic laboratory is now prepared to furnish antitoxic serum free of charge to all who desire to use it. An injector has likewise been appointed, whose duty it will be to make the injections whenever required.

Measles are very prevalent, both in New York and this city. And it seems that all winter through a peculiar form of pneumonia has been raging. Some have called it "grippe," but it seems to be a genuine pneumonia.

I wonder if celiotomists in other cities are as wide apart in their diagnoses as some prominent ones here were in a particular case mentioned to me the other day. A young woman had her appendix removed and recovered, but shortly after the recovery a severe pain was complained of in the region of the wound, and also a sense of pressure on the rectum. The surgeon who had operated on her for the appendicitis was appealed to, and he declared it to be an affection of the tubes, and advised another operation. The patient, not satisfied, consulted a prominent gynecologist, who stated that the tubes were all right, but adhesions of the bowel were present, and he also urged operation, but simply to free the adhesions. A third professor was now called, more conservative than the oth-

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ers, who pronounced the trouble to be a fibroid of the uterus, and not demanding immediate operation. "When doctors disagree, who shall decide?" Under the circumstances, what is the poor family physician to advise? In the meantime, the patient is nearly well, and symptoms are gradually disappearing. It seems to us that often the consulting gynecic surgeon makes a diagnosis simply because his reputation is at stake and the patients demand a "snap decision." But I suppose it is difficult to tell what does take place underneath the abdominal muscles, and only after the walls are opened can a satisfactory diagnosis be made.

Examinations in the various medical and kindred schools are occurring or about to occur, and many a brain-tired student is burning midnight oil, or some other brand of oil in order to whip his cerebrum into necessary speed. What a farce these final examinations are. How often does the true student fail and the pseudo-student pass. How much more sensible the German system, where the "candidatus medicus" presents himself in dress suit before each professor whenever he (the student) considers himself capable of standing the test. And the examination may last one week or a month, it may be clinical or oral, and when the candidate is through with one professor he proceeds to the next one. But the Germans have plenty of time and are not as pushing as we Americans.

But I have digressed from my subject, and so will bring this "unnewsy" letter to a close.

****

DEATH OF PROFESSOR CURTMAN.

DR. CHARLES OTTO CURTMAN died at his home, in this city, on the morning of April 22d of pericarditis, the result of an attack of la grippe from which he had been suffering for some days.

Dr. Curtman held the Chair of Chemistry in the faculty of the Missouri Medical College for something like thirty years past, and in the St. Louis School of Pharmacy for a period somewhat shorter, he having severed his connection with that institution a few years since. During all these years he was at once the instructor and friend of all who passed under his tuition. He will be universally mourned, for he had no enemies, and his friends were as many as his acquaintances.

Beside his college relations the professor was an indefatigable worker in his own laboratory, and he was exceptionally active in society work; he belonged to the St. Louis Medical Society, the Society of German Physicians, the Microscopical Society and the Academy of Science, in all of which he held a prominent place, and will be sadly missed. He was also an author of most enviable repute; his "Analytical Chemistry" and his "Lecture Notes" are text-books in several colleges.

His relations with the medical press were most cordial; his literary productions were published in various journals, for he was on a friendly footing with all, but the FORTNIGHTLY was especially favored by him in this regard, and it is pleasant to know that he had a further contribution for the FORTNIGHTLY in his mind, even during his last sickness.

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Chas. O. Curtman

Dr. Curtman was a native of Gressen, Germany; he came to America when twenty years of age, in 1850; he resided for a short period in New York and New Orleans, and later in Memphis, where he was living when the civil war broke out. His knowledge of chemistry made him a valuable man for the confederate side, with which he enlisted. He was given the rank of surgeon, but his duties were mainly chemical in the manufacture of explosives. At the close of the war he came to St. Louis and entered on his duties as instructor of chemistry in the McDowell College of Medicine, and commenced the study of medicine. Since he has gone among us in his quiet, unassuming way, doing good, as instructor, chemist, physician, business man, in all the paths of his busy life he was a success, and by his death the loss to the world seems irreparable.

Appropriate resolutions were passed by the faculty of the Missouri Medical College in memory of the beloved teacher, friend and colleague, who during his thirty years' connection with this institution, had endeared himself to all.

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Medical Melange

OXYGEN IN THE TREATMENT OF PNEUMONIA.

Philadelphia Polyclinic.

This is not the first time that we have found occasion to write concerning the treatment of pneumonia, or to urge the usefulness of inhalations of oxygen in that disease. Recent experience, however, has so forcibly impressed us, not alone with the value, but with the absolute necessity, of this method of treatment, that we cannot refrain from again endeavoring to impress the facts upon those of the profession within the reach of the influence of this journal.

We have in a previous article alluded to the insidious and extremely dangerous form of pneumonia which accompanies the present epidemic of influenza in Philadelphia and probably elsewhere. These cases apparently begin mildly. It is only toward the close that alarming symptoms develop, and only by the utmost watchfulness that their true nature can be early recognized and the fatal issue be averted. At first we resorted to the use of oxygen at the time when symptoms of distress in respiration began to be manifested; but in the cases more recently treated we have used oxygen from the beginning, with the result in cases, apparently similar in all respects to the cases earlier seen, of apparently averting the oncoming of danger. This has more than ever convinced us that the time to use oxygen in acute lobar pneumonia is like the time to use the Brand bath in typhoid fever, as early as the patient is seen; and that the way to avoid failure in the selection of cases is to make no selection.

In other words, while a large number of cases of pneumonia, varying from 75 per cent to 90 per cent in different epidemics, will recover, with any treatment, without treatment, even in spite of treatment, it is impossible to say beforehand in the individual case that it is one of those to be included in the happy category; and as treatment does make considerable difference in the remaining cases, all statistics to the contrary notwithstanding, it is important that the treatment found most serviceable in the worst cases should be applied early in all cases to prevent them from becoming instances of the worst. As soon, therefore, as the diagnosis of acute lobar pneumonia or of influenza pneumonia is made inhalation of oxygen for ten minutes every hour or fifteen minutes every two hours should be instituted, and continued so long as the patient remains comfortable. If, notwithstanding this treatment, omitted only during the night when the patient is resting quietly, respiratory or circulatory embarrassment increases to a point exciting apprehension of a fatal issue or even of a dangerous course not necessarily fatal, the period during which oxygen is administered should be increased to one-half hour in every hour, or the inhalation even be continued without intermission for hours.

While under this routine much oxygen will be wasted, and many patients will recover with the aid of oxygen that would also have recovered without it, we have no doubt that the number of severe cases will be lessened, and the mortality very greatly diminished. We do not mean to imply by this either that the early administration of oxygen will prevent death in every case, or that this should be the only therapeutic expedient made use of in the treatment of lobar pneumonia. On the contrary, we believe that the administration of strychnin at first in small doses, afterwards in larger doses, the continuous application of heat to the chest, and the administration, according to the symptoms of the individual case, of ammonium chlorid or ammonium carbonate will always be indicated; and that in cases running a severe course, notwithstanding the early use of oxygen, there will be a certain period in the case in which the use of amyl nitrite or nitroglycerin will be demanded. Free action of the bowels, of the skin and of the kidneys should be kept up, and for the latter purpose it may be necessary to employ the solution of ammonium acetate as the vehicle in which the stimulating expectorant is administered. Counter irritation early in the case, dry cupping or wet cupping in some cases, venesection in others, may be called for; but whatever other measures are

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employed or omitted, our experience in the present epidemic of insidious, dangerous pneumonia in connection with influenza, leads us to insist upon oxygen early and regularly as a necessity.

SECOND PAN-AMERICAN MEDICAL CONGRESS.

The Committee on organization of the Second Pan American Medical Congress has elected Dr. Manuel Carmona, y Valle, President, Dr. Rafael Lavista, Vice-President, and Dr. Eduardo Liceaga, Secretary, and has announced Nov. 16, 17, 18, 19, 1896, as the date of the meeting to be held in the City of Mexico.

The most cordial invitation is extended to the medical profession of the United States to attend and participate in the meeting.

Titles of papers to be read should be sent at the earliest practicable date to Dr. Eduardo Liceaga, Calle de San Andres num 4, Ciudad de Mexico D. F. Republica Mexicana.

The date selected is in the midst of the delightful midwinter season, when the climate of Mexico is the most attractive to the Northern visitor.

The occasion should stimulate the medical profession of the United States to a most cordial reciprocation of the generous patronage accorded the Washington meeting of the congress by our Mexican confreres.

It should be remembered that the United States is the largest, and in many respects the most important of the American countries, and as a consequence more is expected of it than of any other occidental nation. In no particular is this more true than in the maintenance of position in the realm of scientific medicine on the Western hemisphere. It is, therefore, simply essential that in this congress —the most important of all medical congresses, in its exclusive, yet broad, American significance — the best thought and the best work of the American profession shall be conspicuous in the proceedings.

The zeal and enthusiasm of the Mexican profession and the active interest of the Mexican government are co-operating to make the second Pan-American Medical Congress attractive, important and memorable.

Those who contemplate attending should send their names and addresses at as early a date as possible to Dr. Charles A. L. Reed, St. Leger Place, Cincinnati, that the committee in Mexico may be advised of the probable attendance.

WILLIAM PEPPER,
Ex-Officio President.
A. M. OWEN,
A. VANDER VEER,
CHARLES A. L. REED,
Ex-Officio Secretary.
International Executive Committee for the United States.

RELATIONS OF MEDICAL EXAMINING BOARDS TO THE STATE, TO THE SCHOOLS, AND TO EACH OTHER.

Dr. William Warren Potter of Buffalo, president of the National Confederation of State Medical Examining and Licensing Boards, chose this title as the subject of his annual address at the sixth conference of this body held in Atlanta, May 4, 1896.

He said there were three conditions in medical educational reform on which all progressive physicians could agree, namely: First, there must be a better standard of preliminaries for entrance to the study of medicine; second, that four years is little time enough for medical collegiate training; and, third, that separate examination by a state board of examiners, none of whom is a teacher in a medical college, is a prerequisite for license to practice medicine. It is understood that such examination can be accorded only to a candidate presenting a diploma from a legally registered school.

He further stated that a high school course ought to represent a minimum of academic acquirements, and that an entrance examination should be provided by the state for those not presenting a high school diploma or its equivalent.

He did not favor a national examining board, as has been proposed, but instead thought all the states should be encouraged to establish a common minimum level of requirements, below which a physician should not be permitted to practice; then a state license would possess equal value in all the states.

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He urged that the states employ in their medical public offices none but licensed physicians. This, he affirmed, would tend to stimulate a pride in the reciprocity would be manifestly unfair.

In regard to reciprocity of licensure, Dr. Potter thought it pertinent for those states having equal standards in all respects to agree to this exchange of interstate courtesy by official indorsement of licenses, but that other questions were of greater moment just now than reciprocity. Until all standards were equalized and the lowest carried up to the level of the highest, state license, and strengthen the hands of the boards.

He denied that there was antagonism between the schools and the boards, as had been asserted. He said that both were working on parallel lines to accomplish the same purpose, that there could not possibly be any conflict between them, and that they were not enemies, but friends.

The medical journals of standing, from one end of the country to the other, he affirmed, were rendering great aid to the cause of reform in medical education, and the times were propitious.

He concluded by urging united effort by the friends of medical education, saying that "the reproach cast upon us through a refusal to recognize our diplomas in Europe cannot be overcome until we rise in our might and wage a relentless war against ignorance that shall not cease until an American state license is recognized as a passport to good professional standing in every civilized country in the world."

ROOM FOR IMPROVEMENT.

The meeting of the Tri-States Medical Association at Chicago last month demonstrated again the repeated anomaly of a man's journeying hundreds of miles to read a paper, and then being denied the time necessary to do so. A busy worker of eminence in the profession is often invited to favor a body of his brethren a long distance off with some of the results of his labors, and when he appears, the time allowed is too limited for even proper presentation, let alone any desirable discussion. True, it may be, and probably is, the intention to have such communication published, but if that is the essential feature, why undertake the unreasonable waste of time to appear in person? Why not depend entirely upon its publication? This whole matter of presentation of papers at association meetings is rapidly becoming a farce anyhow. Such is not the fault of any single individual in authority. It is the fault of the organization itself, or those connected with it collectively. The chief, if not the only, merit of scientific gatherings of the kind, over and above the pages of the leading professional magazines, lies in the opportunity assumed to be offered for immediate discussion and debate of points at issue. What can any man do in the way of correctly formulating and expressing his thoughts in the regulation five minutes allowed in the consideration of any worthy topic? In the opinion of the writer it were far better to have only a half dozen well-written papers during a session, and have them intelligently discussed by those prepared in advance to lead in doing so. It might even be a commendable plan to give an hour or two after the reading of a paper, for the purpose of consideration prior to its general discussion. Certainly some radical change in this direction seems to be a necessity if we are to get "value received" for attending professional associations at all. As it is now, there is not much wonder that many members can see greater profit in awaiting the coming of the printed form. The only feature ordinarily of attracting power is the social one.—Peoria Medical Journal.

NERVOUS SYPHILIS.

The subtle influence of syphilitic poison on nervous function is not yet understood; we know much about it, we know of the structural changes in nerve tissue and their direct action on function, but as yet we have not completely solved the problem of nutritional changes without organic or visible alterations in structure. In treatment we know that the sheet anchors are the iodide of potassium and mercury, and we push them to their limit in the treatment of the nervous manifestations of the disease. It is just here where we wish to comment upon the therapeutics of nervous syphilis.

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Those who have had an extended experience know that there are cases in which there is no apparent effect from the administration of specific treatment. Push it if you will to the largest doses, there is no increase in the symptoms of the disease, neither is there any diminution. We feel that possibly we have made a mistake in diagnosis and are disposed to cease anti-syphilitic treatment altogether. Do not make such a mistake, but rather reduce the use of the iodide of potassium to small doses, say, five or ten grains three times a day; drop the mercury, and in its stead we would recommend an agent that will assist in the reparative and recuperative power of the nervous system, which is at fault.

The small doses of the iodide will do effective work when we use reconstructive agents to build up the nervous system—we must build up before we can tear down—and so let us use a nerve tonic that will also give alterative action. Assenauro seems to supply this want very effectively. Its continued administration for a protracted time supplies the regenerative power so essential to overcoming the effects of syphilis on nervous structure and function. Persistence is, indeed, necessary in treatment, and the combined use of arsenauro and the iodide of potassium will often yield results when mercury and the large doses of the iodide were ineffectual. We are not so confident of the effects of huge doses of idodides as some clinicians are, for our experience has shown us in the treatment of about seventy cases of cerebral syphilis that we need reconstruction as well as alteration in the therapeutics of nervous syphilis. Sometimes it is better that we abandon specific treatment altogether and give the nerve reconstructive agents alone. Or we can alternate, using the iodide of potassium for a time, then cease it and use arsenauro for about the same length of time, then again using the iodide. In this way tolerance is avoided and reconstruction kept up. By using this method for several months, or, as it frequently is indicated, a year, we can accomplish a great deal of good. A patient should never forget that he must keep up his medication. F. P. N.

VOMITING IN PREGNANCY.

Vomiting in pregnancy is today one of the most difficult conditions with which the physician has to deal. The patient is seized with uncontrollable vomiting, is soon exhausted, and on account of the extremely delicate condition of the patient at the onslaughts of these attacks, she not infrequently becomes dangerously ill. The attack is generally preceded by severe pains in the abdomen, accompanied by faintness, which is immediately followed by vomiting. The author has tried a great many remedies for this vomiting in pregnancy, with varied results.

What is a remedy in one case may have absolutely no effect in another and similar case. However, I received a sample of Ingluvin by mail about a year ago, and as I had at that time a very persistent case of vomiting in pregnancy, which had resisted all remedies I had used, I determined to try it. The patient was extremely emaciated from the continued vomiting, and was very despondent. I administered 10 grains at first, followed shortly after by another dose of similar proportion. The effect was quickly discernible. The vomiting decreased. I continued the treatment with most gratifying results. My sample being exhausted, I purchased a one-ounce original package, and am glad to say that my patient went to full term uneventfully and made a good recovery. She has rapidly regained her previous good health, and I attribute it to that matchless remedy, Ingluvin, and shall always prescribe it wherever indicated.

Case 2.—I was recently called to see Mrs. S——. Examination proved her very anemic and emaciated, and at the time of the attacks of vomiting became very weak. Remembering my previous experience, I immediately prescribed Ingluvin, and had remarkable results, similar to case No. 1. I am confident that Ingluvin undoubtedly saved the life of this latter patient.—From Monthly Retrospect of Medicine and Pharmacy.

Dr. Joseph McFarland, of Philadelphia, has succeeded in producing a diphtheria antitoxin, of which ten cc. equal 2,000 immunity units; this is double the strength hitherto placed on the market.

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THE MEDICAL FORTNIGHTLY is devoted to the Progress of the Practice and Science of Medicine and Surgery. Its aim is to present topics of interest and importance to the General Practitioner, and to this end, in addition to a well selected corps of Department Editors, it has secured correspondents in the leading Medical centers of Europe and America. News of Societies, and of interesting medical topics cordially invited.

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Editorial Department.

More of Still.

THE merry hypnotic seances continue to be enacted at the osteopathic home of the medical sage of Kirksville. Like the "Bard of Avon," the inscrutable Kirksville genius seems ever to bubble with new and original ideas, and we wonder if immortality awaits him. Can it be that history is going to give a page to his wondrous doings; or is it not more probable that a future Andrew D. White may write a chapter in his "warfare of science," and tell how truly humbugged and almost inexplicable, too, were the citizens of Kirksville, Mo., and some of the boasted intellectual men and women of the fair Mississippi Valley, who came during the closing years of the greatest century in the progress of science to worship at the shrine of the greatest fraud in medicine? Think of it, this genius who explains every pathological condition by his theory of displaced bones, etc., standing today as a man of science; his school of osteopathy seeking for recognition, and demanding a place in the science of medicine. It seems to us that his jaw-bones are the only bones that are crossed in this great science—osteopathy, and that, due to the use he has made of that

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glibe tongue of his. It is said, that during one of the famous wars recorded in the Bible, "thousands were slain by the jaw-bone of an ass." And knowing that history has a penchant for repeating itself, is it not possible then, that Missouri soil is to become famous? This genius, who never fails to make a diagnosis, can even untie that Gordian pathological knot which has troubled alienists for years—the pathology of insanity. He says, "it is due to the bones in the neck becoming crossed, which interferes with the flow of blood to the brain and insanity results." The treatment is to let Still press the bones, and the blood will do the the rest—result sanity. This kind of talk makes us think of those candy boxes—one cent in slot machines that hang about our cities in public places—you drop a cent into the slot, press the knob, out comes your candy. Now, at Kirksville you drop $50 or $500 in the slot, Still presses the bones, out drops disease. This is a day of labor saving machinery, of mechanical invention, and startling discovery, but nothing, not even the X-rays, can excel in the invention of the "disease cured while you wait" methods of Still (some are still waiting).

No doubt many of our readers in Missouri have heard of some of his remarkable cures and his unique expositions of the cause of disease, and now, in order that nothing may go unrecorded in the advancement of the science of medicine, the MEDICAL FORTNIGHTLY would like to have reports from these cases—all reports accepted—a notary's acknowledgment not even being necessary or required. We propose to "show up" during the next year, that probably, after all, Still is not the embodiment of all wisdom. The FORTNIGHTLY has this for its mission, and is going to fight it out on this line, if it takes all summer, so that the fair name of Missouri shall not be tarnished by such rust as emanates from Still. F. P. N.

"The Laborer Worthy of His Hire."

IN no other profession or occupation is there so much gratuitous service rendered as in medicine. From the day the student enrolls his name under the tutelage of his preceptor, to the day when his well-spent life is ended, the demands for service from him are never ceasing. And to his credit, let it be said, he is always ready for the task. But there is a limit, we believe, to these demands; a limit, which while not being well-defined, is nevertheless present, and should be recognized by the physician. The charity of the medical profession is proverbial, but the poverty of it too, is a striking reality. How long indeed must the beginner in the profession, subsist on the husks and practice for "sweet charity's sake," while his most revered senior in the profession turns all his poor pay cases (through the kindness of his heart) "to his friend, the young doctor," and urges him to take them for the experience, etc.? The young doctor is like charity, "long suffering, and is kind," but he does sometimes think of the selfishness of his revered senior, who while he is patting the young doctor on the back for taking his poor pay cases, is at the same time advising those who speak favorably of the young man, "to be careful, for he is inexperienced, you know."

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Then again, suppose the young man has attained some degree of distinction in his college work, as to enable him to be thought of as eligible to a clinical position in the college dispensary, or possibly in this day of easily obtained professorships, elevated to the teaching faculty, he is then almost an abject slave to the work required of him—work which he is glad to do, and for which he is thankful. but he sometimes thinks a little crumb might fall into his lap from which he could get some subsistence; he in his dispensary practice is like the fable of Tantalus, dying in the sight of plenty, for here comes the silks and the satins and the well-to-do, to the free dispensary, and are treated by the young doctor, while his office bell is seldom rung, and the landlord's bill is due surprisingly often. Again, his revered seniors of the college, have caused a notice to be posted on the bulletin board, which prevents the young man inviting those cases who can pay to his office for more attention, than is given them in the dispensary—*but the revered* senior, if such a case is referred to him, forthwith sends him to a hospital, and also sends in a bill—*it is paid, too*, but the young man is *inexperienced*, and of course he must wait until his stupendous experience has developed, and also until his gall-bladder gets beyond its embryonic dimensions; then possibly he can pose, and exclaim, with Monte Cristo, "the (medical) world is mine" (my world). We believe though, that the future will show that the young man in the tread-mill of today is going to see justice done, and see that "the laborer is worthy of his hire." We know of a young man, sensitive to the demands of duty, and loyal to his superiors, to which qualities alone can be attributed great imposition upon his time, attention and good nature by a faculty of medical men, who could have helped him, if they wanted to, but which compelled him to resign. He had "to give up"—the struggle for existence would not permit him to "labor without hire," but he, by a happy coincidence, fell in with a man—I say *a man*—who recognized his worth, induced him to go to another city, where he secured a college position, with pay, and today he is one of the great men in medicine, not only in professional skill, but in those qualities which people call *manhood*—a quality not commonly found in the college manipulator. We simply ask for justice to these young men; they are worthy of their hire, and if colleges and college faculties would let personal antagonisms, back-biting, selfish ambitions and sordid greed go "where the woodbine twineth," and say to the young men, we feel your worth, come enter thou into the joy of our association, we will stand by you, the young man would feel satisfied.

F. P. N.

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The Iowa Medical Journal devoted its February issue to the publication of a complete list of the physicians of Iowa, arranged by counties and giving date of graduation and school. It is probable this issue made the editor more hard work than any other he ever got out—but it pays. We congratulate Dr. Kime, he has inaugurated a most happy idea.

THE JEFFERSON MEDICAL COLLEGE, of Philadelphia, proposes to extend its usefulness and add to its equipment, by the erection of a new hospital on lots immediately adjacent to the college. The college building will also be improved.

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The American Medical Association.

THE meeting of the American Medical Association at Atlanta, was indeed a success. The attendance was good, and interest manifested in the proceedings of the sections, compared favorably with previous meetings. The general session was exceptionally good, the special interest being centered in the addresses; that of the President, Dr. Beverly Cole, called attention to many needed legislative reforms, while the address on Medicine by Dr. William Osler, on "The Study of the Fevers of the South;" the address on Surgery by Dr. Nicholas Senn on "Some Limits of the Art of Surgery," and the address on State Medicine, "The Purification of Water Supplies," by Dr. Geo. H. Rohé, were of special merit. These addresses indicate a high order of work, and show that American medicine has won for itself a place in the realm of medical progress, second to none in the world.

In the selection of officers for the ensuing year, a happy choice was made, especially in the election of Dr. Nicholas Senn, of Chicago, to the honorable position of President, and of Dr. George M. Sternberg as First Vice President.

The meeting of the Asssociation in 1897 will be held in Philadelphia, the city that gave it birth, and the leading feature of the next meeting will be in the nature of an anniversary. The address on Medicine was assigned to Dr. Austin Flint, of New York; the addre·s on Surgery to Dr. W. W. Keen, of Pennsylvania; on State Medicine to Dr. Jerome Cochrane, of Alabama.

Upon the whole, the Atlanta meeting was enjoyable, pleasant and scientific.

Illinois State Medical Society

THE meeting of the Illinois State Medical Society was held in Ottawa, May 19 and while not as large as some former meetings, was in interest their equal. The excellent, systematically arranged programme assisted materially in making the scientific value of the meeting above the average. Section one, on "Practice of Medicine," was limited to the discussion of Alcoholism, Serum-Therapy, Epilepsy, Typhoid Fever, Tuberculosis and Indigestion, while section two, on Surgery and Obstetrics, had a variety of subjects, all of special interest. Section three, on State Medicine, was not well sustained. The programme had announced addresses for the three sections as follows: Medicine, Dr. J. T. Whittaker, of Cincinnati; Surgery, Dr. H. O. Walker, of Detroit; State Medicine, Hon. Clark Bell, of New York. The annual dinner was held at 8:30 Wednesday evening; this feature was adopted last year, and is proving to be a success.

The citizens of Ottawa were especially kind in their hospitable entertainment of the visiting members. The success of the Ottawa meeting is largely due to the indefatigable energy of Dr. J. W. Pettit, of Ottawa (a friend of and contributor to the FORTNIGHTLY), who has been endeavoring to enlist all the workers of Northern Illinois into the ranks of the State Medical Society.

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Dr. A. C. Corr, of Carlinville, was elected President for the ensuing year. The list and photographs of officers for 1896–97 will be published in our next issue.

Next year the society will meet in East St. Louis, while its sister society, the Missouri State Medical Society, will meet in this city; joint sessions will be arranged, and these two great working societies, the leaders in scientific medical inquiry in the Mississippi Valley, will clasp hands and work together. We look forward to this meeting with especial interest, for we know it will be unique, and strikingly of service in uniting the profession. At one time it was thought that probably our State societies were too staid and enjoyed running in the same old track, but now, with the infusion of new life, new methods, and, above all, having the general good of the profession at heart, these societies have become the most useful in framing legislation, in diffusing new facts, and enlarging the scope and power of medicine.

Let every practitioner become a unit of the great whole in making the meeting of next year a grand success. F. P. N.

THE *Medico-Surgical Bulletin* and the *Medical Record* have each vented their pent-up antagonism against the American Medical Association, and now, like the small boy who has vomited his too well-filled stomach, they feel better. We are sorry to see these mighty warriors get stirred up, for it is too well-known that their incompatibility with the American Medical Association can not be overcome, so what is the use of opening up old sores. The American Medical Association is not infallible; in fact, we think that it has been too freely used by the astute medical politician, who gets the plum, and then makes the solemn protestation, that he was strictly *regular* in getting it. Now, the association is sailing better, the winds are more propitious, and they have a man at the helm who justly rebuked "the money changers" in his first official utterances, and knowing the methods of the man, we can say that so long as he is President, the politicians will have to keep under cover. The great octopus (the code question) will die a natural death, and the Golden Rule will yet bring harmony into the ranks, so that to be a member of the American Medical Association will bear with it more honor than it does today. It will require a few more men like Senn to do it, however, but it will be done.

Old Sores and New Remedies.

F. P. N.

THE WOMAN IN MEDICAL JOURNALISM.— The June issue of the *Buffalo Medical Journal* will be a woman's edition. Everything will be conducted by the lady physicians. We look forward to it with pleasant anticipations, for we know it will be a success. Women are a success in medicine, as they are in everything else they undertake, and we commend Dr. Potter for his sagacity in interesting them in medical journalism.

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THE MEDICAL FORTNIGHTLY has arranged for the exclusive publication in this country of a series of Clinical Lectures from leading teachers of medicine in Paris, and they will appear at intervals during the remainder of this year.

THE first number of *Weir's Medical Index*, has made its appearance. It is a neat, unique and valuable journal, especially to the student physician. Aside from a few errors in references, which will be improved when "the harness fits better," the journal is now a success.

DR. G. N. STEWART, Professor of Physiology in the Western Reserve Medical College of Cleveland, Ohio, will spend the summer in Scotland. Dr. Stewart while abroad will write for us the paper on "How to Teach Physiology," which we will publish in the Symposium on "How to Teach Medicine."

N. S. DAVIS, JR., M. D., Professor of the Practice of Medicine and Clinical Medicine, North-Western University of Chicago, will contribute to our Symposium, the paper on "How to Teach Practical and Clinical Medicine." Dr. Davis is the author of several standard works on Internal Medicine, and is by training eminently fitted to tell the best methods of instruction in this important branch of medical education.

NOW READY—"Description of the Ophthalmic Methods Employed for the Recognition of Nerve Disease," by Charles A. Oliver, A. M., M. D., Attending Surgeon to Wills Eye Hospital; Ophthalmic Surgeon to the Philadelphia Hospital; Consulting Ophthalmologist to the State Asylum for Chronic Insane of Philadelphia. In this monograph Dr. Oliver has systematically grouped all of the most important eye symptoms which may be considered of value, not only to the ophthalmologist and neurologist, but to the general practitioner, in the proper and careful study of the ocular manifestations of nerve disease. The subject matter is so indexed that ready reference to any desired symptom is obtainable. Small quarto; 50 pp. Bound in cloth. Price, fifty cents. Will be sent, post-paid, on receipt of price. Published by University of Pennsylvania Press, 716 Filbert street, Philadelphia, Pa.

ST. LOUIS' GREAT STORM.—It would be difficult to exaggerate in telling of the awful work done by the recent storm in St. Louis and East St. Louis. The force of tornado entirely beggars description, and only by the destruction it left behind can any idea of its fury be formed. In the two cities a path of utter ruin was made through our most beautiful and densely populated sections. The fatalities are appalling, the list for each city has crept up to nearly 200, and it is probable that the complete list will far exceed 400. The injured are everywhere, every hospital is crowded to its utmost limit. A relief fund has been inaugurated, and has already reached $75,000; aid from outside cities, freely offered, has as yet, not been accepted. One of the old landmarks, which was almost wiped out, was the city hospital, the building is in ruins, and the old Convent of the Good Shepherd has been converted into a temporary hospital to take its place. The property loss to the city has been estimated at $50,000,000, and it will take years to recover from the effects of this most terrible storm.

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Original Department.

PAPERS for the Original department should be in hand one month in advance, and contributed to THE MEDICAL FORTNIGHTLY exclusively. A liberal number of extra copies will be furnished authors, and reprints may be obtained at reasonable rates, if request accompanies the manuscript. Engravings from photographs furnished free.
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How to Teach Medicine and Surgery

A Symposium.

PART I.

How Gynecology Should Be Taught.

BY HENRY T. BYFORD, M. D.,

CHICAGO.

Professor of Gynecology in the College of Physicians and Surgeons, and of the Post-Graduate Medical School of Chicago, and of Clinical Gynecology in the Woman's Medical School of the North-Western University.

[*Written expressly for The Medical Fortnightly.*]

IT is not my intention to express an opinion upon the way in which Gynecology ought to be taught in the abstract sense, but rather upon the character the teaching should assume in our institutions as they are. Did the third and fourth-year students remember all that they are supposed to have been taught, it would be a comparatively easy matter to teach them the rest; but they have forgotten so much, and have failed to learn so many fundamental things, that it becomes the task of their gynecological teachers to review and perfect their special anatomy, to crystallize their pathology and rehabilitate their surgical technic. So much, both of a theoretical and practical nature, is left to be taught, that it becomes a practical impossibility to crowd it all into him in one term, and have it assimilated.

It sounds well to call gynecology a part of surgery rather than a specialty—but the fact cannot be gainsaid, that the general surgeon understands but little gynecology as compared with the gynecologist. He performs the operations taught him by gynecologists with but little discrimination, and his contributions to gynecology consist, with few rule-proving exceptions, in unfounded objections to the most recent advances, and in sticking to and misapplying old methods after they have been modified and perfected in their application and technic by gynecologists. Take away advances made in gynecology by those who devote themselves to it as a specialty (including obstetrics), and there would indeed be but little left of modern gynecology, and surgery in general would be set many steps backward.

The fact that a large part of an ordinary physician's practice is gynecological, combined with the more pertinent fact, that he starts out more poorly prepared in gynecological training than in almost any other department of medicine, renders it imperative that gynecology should be more

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thoroughly and systematically taught in our medical schools than it now is. The college curriculum should have two recitation hours a week in the third year, as well as two recitation or lecture hours in the fourth year.

In the third year gynecological technic, development and anomalies of development of the female genital organs, functional disorders, traumatisms and displacements may be taught. These make an interesting course, and leave the fourth-year student free to pay his attention to the more difficult subjects. A lesson should be given from a text-book, and about two-thirds

HENRY T. BYFORD, M. D.

CHICAGO.

of the next recitation hour be given up to a quiz upon it, and about one-third to an explanation or illustration of the following lesson. A regular monthly quiz should be given to review the month's work, and to determine how well the matter has been assimilated.

In the fourth year a similar plan should be pursued with regard to the remaining subject belonging to gynecology, except a little more of the recitation hour might be given to the explanatory and illustrative part, the relative amount varying considerably with the subject.

In such a course the student could be marked according to his recitations and monthly reviews, and a final examination with all its disadvantages could be dispensed with. He would thus find it necessary to maintain a certain average in his quizzes throughout the term, and would keep up

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with the teaching, and thus master the subject much better than by the usual method of listening to lectures, and depending upon the final examination for his standing. The regular quiz would of course constitute a complete review of the lesson, and should be coupled with such explanations as would be found necessary to correct wrong impressions, etc.

With regard to the detail of the explanation and comment upon the next lesson, i. e., of the lecture part of the hour, abundant illustration should be provided. Colored pictures, diagrams, blackboard drawings, manikins, models, devises for the explanation of operations, etc., should constantly be used. Such illustration of the lesson to be learned may be made to impress some of the main points, and make the home study much easier and more interesting. To systematically interest the student's eye as well as his ear doubles his capacity for learning and remembering.

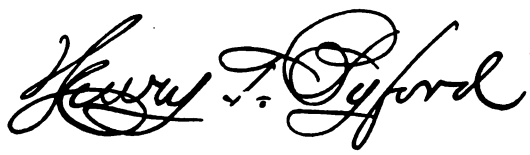
The professor who depends upon brilliant lectures for results may be set down as a growing failure. The teacher must reiterate, explain, illustrate and simplify his subject, which should be revealed in its naked beauty rather than be obscured beneath the ornaments of oratory. He must not impress himself upon his students, but his knowledge and his methods. They may remember with benefit a few of his mannerisms or individual traits, but should remember *all* of his instruction. They should not remember a great deal of him and his brilliancy, and a very little of his subject, as is so often the case.

The *clinic* should have the same relation to didactic teaching as conversation has to grammar in the study of a language. The grammar or didactic study is necessary to correct speaking, but it alone does not enable us to speak a language well. The constant repetition of the forms of expression of those about us who speak the language correctly is necessary without reference to the rules of grammar. Just so the constant observation of the methods of those who practise correctly, and the frequent performance of the routine duties of the dispensary, amphitheater and hospital clinic, even before he has learned the why and wherefore, are necessary to enable the student to apply the methods of practical gynecology with success. The more he sees and the more he helps, the greater will be the number of facts impressed and technical skill acquired, and the better will he comprehend and remember his subsequent didactic teaching.

Third year students should be divided into dispensary classes, and attend gynecological operations in the amphitheater.

Fourth year students, in addition to general attendance upon the gynecological amphitheater clinics, should be divided into classes to assist in turn at the amphitheater operations, to serve as hospital dressers, and to attend private gynecological operations, or operations in smaller operating-room, where the details of asepsis and antisepsis are scrupulously carried out.

Hospital interne service, post-graduate school instruction, or service as private assistant to a physician or specialist of large practice should form part of the preparation of every practitioner, and should include due attention to gynecological cases.



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The Medical Fortnightly

Antitoxine in the Treatment of Diphtheria.

By E. W. Saunders, M. D.,

St. Louis, Mo.

Professor of the Diseases of Children and Clinical Obstetrics, Missouri Medical College of St. Louis.

THE time is past when the question was in order whether antitoxine was beneficial in the treatment of diphtheria or not. Its claims are as fully established as are those of vaccination. However, much remains to be determined as to the extent of its usefulness, and the other modes of treatment by which it must be supplemented. The full extent of its usefulness has never yet been decided on a large scale, for several reasons. In hospitals, for instance, many cases are brought in past the stage when antitoxine is most effective. In private practice the results have been vitiated by combination with other treatment, which experience has proved to be detrimental, by selecting only the severer cases for the serum injection, by inadequate dosage, or successive injections, which are uncalled for, and perhaps injurious, and by unavoidable or unjustifiable delay in injecting. In the antitoxine treatment itself there is inherently only one drawback, namely, that about twenty-four hours of the most precious time are lost between the injection and the manifestation of its marvellous power. Under the classic treatment this time was diligently employed in combating the symptoms of the disease. This period of unrestrained toxæmia is the most disastrous, both in its present effects, and in the later manifestations of paralysis as a sequela. Another danger of the antitoxine treatment, which, however, is an unnecessary one, is due to the fact that it establishes convalescence before the patient's powers are wasted, and that he is, therefore, prone to be active at a time when he should be kept in bed. The dangers of convalescence are undoubtedly enhanced, if attention be not given to this point.

The ordinary treatment of diphtheria by mercurials, salicylates, chlorates, carbolic acid, in fact by any agent which is irritant to the kidneys, has been found by experience to be incompatible with the serum treatment. On the other hand, pilocarpine, strychnia, caffeine, nitro-glycerine and tonics are its most necessary adjuvants, whilst local applications of peroxide of hydrogen, or Loeffler's toluol solution are very useful in many cases.

Unquestionably a single large dose of the serum, given at the earliest possible stage of the disease, gives the best result.

Antitoxine immunizes the organism against the toxines of the disease within twenty-four hours after its injection, and this much gained, there is nothing further to be hoped for from repeated injections. The results achieved will be far better, if the twenty-four hours succeeding the injection are diligently utilized for the elimination of the poison, until the antitoxine comes to the rescue. There is one agent which so far exceeds all others for this purpose, that I have used it systematically in every case for some time past; this is pilocarpine. Its use before the introduction of antitoxine was fraught with much danger, because of the length of time during which its administration was continued, and the results on the whole were

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such that the profession abandoned its use, in spite of the high standing of Guttman, who originally introduced it in 1881. The dangers were from suffocation, heart-failure and pulmonary œdema during the latter stages of the disease. Its use, however, within the first twenty-four hours is not fraught with such danger, except in cases of diphtheria of the larynx, in which it should be used with caution, and under continuous observation. No agent that I have ever used so promptly reduces the initial high temperature, and ameliorates all the symptoms of the profound toxæmia, as pilocarpine.

To attain these results, however, it must be given to the point of continuous salivation, either hypodermically or by the mouth. In children the saliva usually runs into the stomach and causes the most profuse vomiting, unless the child be kept on its side. After the effects of the antitoxine are manifested there is no further indication for the use of pilocarpine.

The effects of antitoxine are as follows: After about twenty-four hours, absolute cessation of the spread of the membrane. This ocular demonstration of its effect should forever establish the claims of antitoxine to be a specific for diphtheria. With perfect certainty the parents may be assured, that although the membrane may continue to spread for some hours following the injection, in about twenty-four hours it will cease to advance. At that time, if the membrane be thick, its edges will become undermined; if it be a very thin membrane of recent growth, it will rapidly disintegrate and disappear.

The second marked effect will be the marvellously rapid subsidence of the swollen lymphatic glands.

Third, the re-establishment of all the normal secretions. The parched mouth will become moist, the fetor of the breath will be diminished, and normal mucus will take the place of the sanious discharge from the nose; in most cases the appetite will return, and the temperature, if it has been high, will fall to 101 or less, and the pulse rate will be diminished, though not always to anything like normal. If, however, the case be one of mixed infection, the improvement of all the symptoms will not be observed, the only certain result in this case being the effect upon the spread of the membrane. However, it is in just these cases of mixed infection that the early use of pilocarpine is most strongly indicated, for it reduces the temperature from the time salivation begins, and is in fact a specific in the treatment of the coccus infection.

As soon as the antitoxine convalescence manifests itself, strychnia in full doses should be exhibited, and continued until all danger of paralysis is passed. Alcoholic stimulants do not necessarily form part of the treatment by antitoxine, but may be given as indicated by the symptoms.

If the case be one of nasal diphtheria, preparations should always be made to meet the epistaxis that is sure to attend the rapid exfoliation of the membrane. A sterilized feather dipped in a diution of Monsel's solution, and thrust back to the posterior nares, will arrest it. It should be cut off and left in situ. A considerable rise of temperature follows every occurrence of nasal hemorrhage. If the larynx be involved when the case is seen, the case should be watched, and intubation performed, if the slight-

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est dyspnœa is manifested. Even after intubation the child may be suffocated by a loosened membrane from the fauces.

Excluding cases of mixed infection, the greatest number of deaths after antitoxine is undoubtedly due to neural degeneration and consequent paralysis. The danger from this should be forestalled by enforced rest, and the routine employment of strychnia and tonics.

The occurrence of post-diphtheritic heart failure is usually preceded by vomiting and a slow, gaseous pulse, the patient being perfectly quiet and the intellect clear. I have seen but one case recover after the appearance of these symptoms, and that was one which had been treated by antitoxine. The measures indicated are, to retain the recumbent position absolutely, to drop nitro-glycerine on the tongue at short intervals; this seems to control the vomiting better than anything that I know of, while it stimulates the heart; the hypodermic administration of caffeine, strychnia and brandy (digitalis in my experience has proved utterly worthless); the administration of small quantities of liquid nourishment; arousing the patient whenever the face becomes blanched, or the pulse intermits. Nothing so stimulates the failing pulse as the introduction of the hypodermic needle, apart from the medicinal agent injected. The outcries and struggles of the little patient are very beneficial to the heart's action.

Anuria due to paralysis, and not to nephritis, would unquestionably be best treated by strychnia, as are the other paralyses.

The efficiency of antitoxine as a prophylactic against diphtheria is beyond all question; in asylum practice this has been demonstrated effectually. In the Bethesda Foundling Asylum and the Episcopal Orphans' Home the children exposed to infection are given an immunizing dose, and in no case has diphtheria developed within the limit of time covered by the immunity so conferred; this, in our experience, is from three to six weeks.

In asylum practice one important fact has been observed, that children frequently carry the bacillus in their throats, without themselves being the subjects of the disease, and may infect other children. Antitoxine does not seem to prevent an individual from being the host of the bacillus, whilst it produces immunity against the development of the disease. The only way to stamp out this mode of infection, is to isolate all cases in which cultures from the throat show the presence of the bacillus, and to disinfect the mucous membranes repeatedly with toluol solution, peroxide of hydrogen, or some equally efficient germicide.

One fact should not be lost sight of in the treatment of diphtheria, and that is that the disease may develop with great virulence for twenty-four hours before there is the slightest appearance of membrane. Children may die of convulsions in this stage before the nature of the disease is suspected. I have seen several cases in which the temperature reached 104, and the symptoms were those of profound toxæmia, without the slightest appearance of membrane until the second day, and then only a few scattered patches were visible on the posterior wall of the pharynx. The nares and larynx were not involved.

There is now no difficulty whatever in obtaining an abundant supply of reliable antitoxine. I greatly prefer that preserved with trikresol. Trikre-

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sol seems to be innocuous to the kidneys, and in fact one physician reports most favorable results in quite a large number of cases of diphtheria treated by trikresol alone, locally and internally.

Insufficient dosage is responsible for many failures. From 2000 to 4000 units should be administered in the case of a child of seven years.

In from five to fifteen days after the injection the patient is frequently affected with joint pains, and urticaria, attended by fever. Sometimes the swelling of the hands and face is so great as to simulate dropsy, but in no case have I seen any cause for alarm, and frequent examinations of the urine in these cases have shown the kidneys to be unaffected.

Whilst antitoxine is in no way responsible for post-diphtheritic paralysis, it does not prevent it.

True nephritis is not a frequent complication or sequela of diphtheria, although albuminuria is present in nearly all severe cases after the second or third day, treated with or without antitoxine. Careful examinations of the urine have been made in almost all such cases by myself and Dr. H. N. Chapman, with the following results: Casts were never found. During the first two days frequently the urine was pale, of very low sp. gr., invariably non-albuminous. Then it became albuminous and remained so for one day or longer, very seldom for more than a week. At the same time the sp. gr. rose to 1020–1030, and urates were present in abundance.

I have injected, perhaps, half a dozen people unnecessarily in the last seventeen months. They were cases of pure coccus infection. Whilst the bacteriological department of the health office, under Dr. Armand Ravold, has been of inestimable value in determining the question of the efficacy of antitoxine, I have never delayed an hour in giving the injection, after seeing a suspicious case.

If a number of physicians, engaged in private or asylum practice, will agree to inject every case suspected of being diphtheritic, without delay, we shall have statistics far better than any hitherto published.

The streptococcus serum will no doubt prove a powerful adjunct in the treatment of the mixed infection, which has so far furnished the largest percentage of mortality since the introduction of the serum treatment.

A CORRECTION.

Since writing the above, the Massachusetts Board of Health has published the results of investigations made to determine the strength of the various antitoxines. 25 c. c. Gibier purporting to contain 2500 units were found to contain only 625 to 750 units, therefore, my cases which received 20 c. c. Mulford, and 25 c. c. Gibier, received not more than 2740 units instead of 4500 units, as I supposed.

E. W. Saunders

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The Medical Fortnightly

London Letter.

[SPECIAL CORRESPONDENCE OF THE MEDICAL FORTNIGHTLY.]

Small-pox Epidemic.

We are at the present time suffering from a recrudescence of smallpox, a disease almost extinct over here a few years ago. It is a deplorable fact that this should be in the centenary year of Jenner's great discovery, and still more deplorable that the chief seat of the epidemic should be at Gloucester, which was almost Jenner's home (he was born and lived at Berkeley, five miles away), and which boasts a statue to the great discoverer in its cathedral. Unfortunately, we are afflicted with many bodies of "faddists," who, combined, are "anti-everything," and the anti-vaccinators muster in considerable numbers in many towns. Moreover, a royal commission has been sitting for seven years on the vaccination question and has not yet published its final report. An interim report was supposed to be unfavorable to compulsory vaccination, and many boards of guardians have refused to enforce compulsory clauses of the vaccination act. As a consequence, we have at Gloucester no less than 17,000 unvaccinated persons out of a total population of 45,000, and the seriousness of the outbreak may be gauged by the fact that upwards of 1,300 cases have been notified. A striking feature of this outbreak is the excessive mortality among young children.

Jenner Centenary.

May 14 will be the one hundredth anniversary of Edward Jenner's first vaccination. While Germany, Russia and the United States will celebrate this occasion in appropriate fashion, so far as I have heard, nothing of the kind is to be attempted in England. Verily, a prophet is without honor in his own country.

Deciduoma Malignum.

At a recent meeting of the Obstetrical Society the subject of deciduoma malignum was discussed. Although first noted by Sanger in 1888, and cases of it described in Germany, France and Italy, and last year in America, no British report has appeared until now. Cases were contributed by Spencer, Morison, Malcolm and Hebb, and a criticism by Eden. Spencer's case may be reported as a type of this disease. A young Danish woman at twenty-seven, secundipara, previous labor seven years ago. Twenty-eight days after normal labor the passage of small masses of growth occurred, followed by a normal puerperium. Subsequently there was a foetid discharge of masses of growth and blood, and the disease terminated fatally ten and one-half weeks after delivery. At the autopsy an ulcerated and gangrenous growth was found at the placental site, while secondary growths were met with in the cervix and in the lungs. The growth in all three situations was similar and had somewhat the characters of a large-celled sarcoma.

Antitoxin in London.

The report on the use of antitoxic serum in the treatment of diphtheria in the hospitals of the Metropolitan Asylums Board during 1895 has just appeared, and the whole is distinctly favorable. The use of antitoxin has reduced the diphtheria mortality from 29.6, the lowest previously reached (1894), to 22.5 (1895), or a reduction of 7.1 per cent. It would seem at first sight that this result compares unfavorably with the continent and America. It appears, however, that only 61.8 per cent of the cases were treated with antitoxin and these were the more serious ones. The cases also seem on the whole to be admitted into the hospital somewhat late. When treated from the commencement, antitoxin gave striking results. Thus, when the antitoxic serum was used on the first day, the mortality is only 4.6, while on the fifth day and after, 35.7 per cent die. At the Northern Convalescent Hospital 119 cases of post-scarlatinal diphtheria were treated with antitoxin from the very beginning, and there were only four deaths, giving a mortality of but

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3.3 per cent, whereas during the preceding three years it had been 63 per cent.

Schott Treatment.

A considerable amount of interest is being taken in the Schott treatment for chronic heart disease. This treatment is two-fold: (1) By baths containing various mineral substances and free carbonic acid gas in solution; (2) By a series of graduated gentle exercises or gymnastics. To commence with, a bath is employed containing 1 per cent of sodium chloride and 1 per 1,000 of calcium chloride, freed from carbonic acid gas and at a temperature of 92 to 95 degrees F. In this the patient stays from six to eight minutes. As time goes on the solids are increased and also the duration of the bath, while the temperature is gradually lowered and eventually baths containing free carbonic acid gas are taken. The exercises consist of a series of simple movements of each limb and of the trunk made against slight resistance, so that every muscle, so far as possible, is in turn brought into play. It is stated that the frequency of the pulse is diminished, while its volume and force are increased. When dilation is present the cardiac dullness is diminished and the size of the liver reduced. Cases likely to be benefited are cardias dilation from overwork or mental worry, mitral disease when the right ventricle is beginning to give way and compensation is failing, adhering pericardium with cardiac embarrassment, and obesity with fatty (infiltrated) heart. Cases of aortic incompetence, aortic aneuryism and true ingina pectoris are unsuitable.

London, April 27, 1896.

Richard T. Hewlett.

The Reviewer's Table.

Books, pamphlets, instruments, etc., for this department, should be sent to the Managing Editor, Union Trust Bldg

THE SCIENCE AND ART OF OBSTETRICS.—By Theophilus Parvin, M. D., LL. D., Professor of Obstetrics and Diseases of Women and Children in Jefferson Medical College, Philadelphia. New (3d) edition, one volume, 677 pages, 267 engravings, and two colored plates. Cloth, $4.25; Leather, $5.25. Lea Bros. & Co., Philadelphia, 1896.

This popular treatise has been the favorite text-book with students since published, and that it is rightly entitled to its enviable position no one will dispute who is familiar with the text-books on this subject. Parvin's work is practical, concise and comprehensive. It is especially serviceable to the student, because of its clinical teachings, and to those students who have been fortunate enough to have been under his clinical instruction this treatise will be a reinforcement to his ever-practical teachings. We commend it as first of its class in the English language.

A SYSTEM OF SURGERY.—Edited by Frederick S. Dennis, M. D., and John S. Billings, M. D., LL. D. Philadelphia, Pa.: Lea Bros. & Co., 1895-1896.

We take pleasure in indorsing this very complete and exhaustive work, which, up to date, is the leading American System of Surgery published. Volume I. gives us a historical sketch of surgery, from the versatile pen of Dr. Billings, following which comes a chapter on "Surgical Pathology," by a well-recognized authority, Councilman. He discusses very completely the latest views of inflammation as influenced by the accepted ideas concerning bacteria. Welch then follows with an able, thorough and technical discussion of "General Bacteriology of Surgical Infection." Gerster, whose work on "Aseptic and Antiseptic Surgery" is so well known, contributes the chapter on the "Technique of Antisepsis and Asepsis." Nancrede discusses "Symptoms, Diag-

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nosis and Treatment of Surgical Diseases," while Carmalt writes on "Septicemia, Pyemia, etc." Warren, Biggs, Connor, Dennis, Wood and Smith, all authorities, are contributors to this volume, which, taken as a whole, gives us by far the most complete American work on surgery ever published. It is not a text-book, but is an exhaustive treatise on surgery designed for the physician's library, where it will subserve the office of the best guide to which he can refer in the study of surgical practice. We congratulate Lea Bros. on the very thorough book they have published.

DIAGNOSIS AND TREATMENT OF DISEASES OF THE RECTUM, ANUS, AND CONTIGUOUS TEXTURES.—Designed for Practitioners and Students. By S. G. Gant, M. D., Professor of Diseases of the Rectum and Anus, University and Woman's Medical Colleges; Lecturer on Intestinal Diseases in the Scarrit Training School for Nurses; Rectal and Anal Surgeon to All Saints, German, Scarrit's Hospital for Women, and Kansas City, Fort Scott & Memphis Railroad Hospitals, to East Side Free Dispensary, and to Children's and Orphans' Home, Kansas City, Mo.; Member of the American Medical Association, National Association of Railway Surgeons, the Mississippi Valley Medical, the Missouri Valley Medical, and the Missouri and Kansas State Medical Associations, etc., etc. With two chapters on "Cancer," and "Colotomy," by Herbert William Allingham, F. R. C. S. Eng., Surgeon to the Great Northern Hospital; Assistant Surgeon to St. Mark's Hospital for Diseases of the Rectum; Surgical Tutor to St. George's Hospital, etc., etc., London. One Volume, Royal Octavo, 400 pages. Illustrated with 1 6full page chromo lithographic plates and 115 wood engravings in the text. Extra cloth, $3.50 net; half Russia, gilt top, $4.50 net. The F. A. Davis Co., Publishers, 1914 and 1916 Cherry Street, Philadelphia; 117 W. Forty-second Street, New York; 9 Lakeside Building, Chicago.

We feel complimented indeed, to have such a valuable contribution to rectal surgery emanating from the pen of one of our department editors. It is of great credit to the author, being concise, practical and devoid of unnecessary or superfluous language. The subjects are well classified. The illustrations are new and original, and valuable, inasmuch as they are taken from photographs of the cases of the author and Dr. Allingham.

It contains everything up to date of interest to those who wish to do rectal work.

It contains two important chapters that are entirely new in a work of this kind, namely: "Railroading as an Etiological Factor in Rectal Diseases," and "Auto-Intoxication, or Auto-Infection, from the Intestinal Canal."

In short, it is the par-excellence work on "Diseases of the Rectum, Anus, and Contiguous Textures," for the general practitioner and student, as well as the specialist, the contents of the work being comprehensive, complete and practical in the best sense.

In point of excellence of press-work, paper, binding, and particularly the handsome chromo-lithographic plates it is unsurpassed among modern medical works, and its very moderate price renders it easily obtainable by every physician and student.

TEXT BOOK UPON THE PATHOGENIC BACTERIA.—By Joseph McFarland, M. D., Demonstrator of Pathological Histology, and Lecturer on Bacteriology, Medical Department of University of Pennsylvania, etc. With 113 illustrations. Philadelphia: W. B. Saunders, 1896. Small 8vo.; 359 pages. Cloth, $2.50 net.

The advancement made in the study of pathogenic bacteria has been so great that this book seems to us one published at a very opportune time—a time when the physician and student want to see in print, scientifically and thoroughly arranged, the latest knowledge on immunity, susceptibility, sterilization, and the general natural history of bacteria. The author has given us a most excellent treatise and one deserving of wide recognition. His standing as a bacteriologist and an authority in the new field of preventive medicine gives at once this book a place among standard works. We welcome it and trust that it will receive its deserving recognition from the profession.

F. P. N.

Secretaries Olney and Carlisle recently consented for the first time since they held office, to be photographed seated at their desks. The pictures were taken at the request of the Ladies' Home Journal, and will be used to illustrate ex-President Harrison's article describing the workings of the State Department in the July number of that magazine.

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Reports on Progress.

COMPRISING THE REGULAR CONTRIBUTIONS OF THE FORTNIGHTLY DEPARTMENT STAFF.

Genito-Urinary Surgery and Venereal Diseases

BY BRANSFORD LEWIS, M. D.,

ASSISTED BY

DR. GEO. W. TURNER AND DR. T. BOND HOLLAND

SAINT LOUIS

The Tubercle Bacillus in Urinary Tuberculosis.

The difficulty of detecting the tubercle bacillus in the urine of patients affected with tuberculosis of the urinary tract is a matter of common report. The few bacilli that may be contained in a quantity of urine submitted for examination are so disseminated that it is almost an accident, ordinarily, when one or two of them do appear on the microscopic slide. And their specific gravity is so light that even the centrifuge very frequently fails to corner them.

These facts, when taken into consideration with the following note of the Berlin correspondent of the Medical Record, May 2, 1896, render it evident that one should be very chary of making his diagnosis of urinary tuberculosis dependent on the finding of the bacillus:

"The subject of the diagnosis of renal tuberculosis has been discussed from a very practical point of view by Leyden and Mendelsohn. It is not uncommon to find an incorrect diagnosis of tuberculosis in the urinary tract made in cases of pyuria, the mistake occurring through the discovery of tubercle bacilli in the urine. These bacilli are, however, the smegma bacilli, the same which were once taken by Lustgarten for the bacilli of syphilis, but which afterward passed into oblivion. Physicians cannot be too emphatically warned against this error. The case which served as the text of the paper of Leyden and Mendelsohn was one of a woman suffering from a renal calculus, but which the attending physician, deceived by the bacilli which he found, diagnosed as tuberculosis. In this case the value of catheterization of the ureters was shown most strikingly, for the seat of the disease was thereby exactly localized, the healthy condition of the other kidney was demonstrated, and so the operation was rendered possible."

Gonorrhea and Affections of the Internal Organs.

In the Medical Chronicle for February, Dr. R. T. Williamson gives a resume of diseases of the internal organs, in which gonorrhea seems to have been the exciting cause. They may result from the action of the gonococcus, from that of some toxine, or to a secondary infection through the microorganisms connected with suppuration as the result of a mixed infection. Cases of simple and ulcerative endocarditis are reported where there were no rheumatic symptoms present. In a case reported by His, septic thrombi had formed in the veins of the prostrate and in the pubic plexus leading to general infection and ulcerated endometritis.

Leyden reports a somewhat similar case; in both cases gonococci were found in vegetations. Leyden states that in many of the cases reported they run a chronic course, and terminate in recovery. Others present the characters of malignant endocarditis, and terminate fatally. The aortic valves are affected more frequently than the mitral; in most cases the endocarditis was preceded by gonorrhea rheumatism of the joints, and all occurred in male patients.

Danher and Borst have reported a case of malignant endorcarditis following gonorrhea; Councilman one of myocraditis and pericarditis; and Winterberg one of endocarditis and pericarditis.

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Bordoni-Uffreduzzi reports a case of bilateral pleurisy and multiple arthritis following gonorrhea, the gonococci being found in the effusion; he also found this organism in the fluid taken from the joints in multiple arthritis following gonorrhea. Leyden reports a case of dorsal myelitis with meningitis; Gowers, one of myelitis; Burns, a case of hemiplegia with aphasia; Engel Reimers, one of multiple neuritis, all due to gonorrhea; and Fournier states that it is sometimes the cause of sciatica.—Canada Med. Record, April,

Hydrocele Combined with Hernia.

The Lancet for August 24, 1895, contains the report of a case of hydrocele of the right tunica vaginalis combined with a complete right inguinal and femoral hernia and an incomplete left inguinal hernia. Mr. Collins was called to see the case by a person who stated that "the man's rupture had come down and he was unable to get it back." The patient presented symptoms of strangulated hernia and had vomited several times. There was distressing hiccough and pain in the region of the hernia and umbilicus. On examination a hernia was found, strangulated, about the size of a large walnut, dense and hard, to which no impulse was given on coughing. An operation was decided upon, and after anesthesia another attempt was made to reduce the hernia, but without success. The hydrocele was found to be in the way, so that it was aspirated and the usual operation was then performed.

(The editor had a case several years ago in which a right inguinal hernia was coincident with a right hydrocele. He was called to the case to reduce a supposed right scrotal inguinal hernia which had been under the care of two physicians for several days previously. The patient had been anesthetized, and protracted efforts made to reduce the hydrocele, under the supposition that it belonged to the hernia, but no impulse could be felt on coughing. The hydrocele tumefaction could be distinctly separated from the inguinal tumor; the hernia could be separately reduced into the abdominal cavity, and an impulse could be made out on coughing by introducing the finger into the ring. Operation for the radical cure of the hernia and removal of the hydrocele was undertaken at a later time and demonstrated the correctness of the diagnosis.)—Medicine, Feb., 1896.

Anuria.

T. W. Bailey reports a very remarkable case of anuria in the Charlotte Medical Journal. The patient was a girl of thirteen. Symptoms developed in the following order: Languor, despondency, headache, anorexia, restless sleep; persistent nausea and vomiting followed, lasting several days, despite the exhibition of the usual remedies. Pain in the lumbar region also lasted several days. After the subsidence of the nausea and vomiting, not even the smallest quantity of the blandest food could be retained. The mild fever of the onset now subsided, the bowels acted normally, but the kidneys gradually lessened in functionation, until, after a few days, there was total suppression.

On Oct. 10 the last urine was passed, which, on analysis, proved normal in constituents. The peptonoids, in small quantities, gradually increased with the increasing tolerance of the stomach, were given per orem; milk and eggs, per rectum, were administered at first, but discontinued later, as they seemed not to be utilized; lithia water was also given. No uremic symptoms appeared. There was no action of the bowels for a considerable time, as the food taken left little residue.

Nov. 1.—Heart and lungs acting normally; general appearance good; sleep fairly good; no edema; no fever.

Dec. 12.—Catheter introduced and eight ounces of urine withdrawn.

Feb. 1.—The immersing bath was tried and repeated for several nights. This greatly weakened the patient. Soon after, the patient voided eight ounces (estimated) of urine in bed.

March 1, she passed a small quantity of urine, and from this time passed small quantities daily. The appetite now increased and recovery gradually took place.

The author makes this rather unique conclusion: "The spring sun seemed to invigorate her, and it occurred to us that she had been hibernating all this winter, for truly the vital organs had all been at rest, save the heart and lungs, and it took only the balmy sun of spring to enliven her."

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Medical Melange

LEPROSY IN NEW YORK.

A Chinaman suffering from leprosy was recently discovered in New York. He was sent to the leper colony on North Brothers Island.

WHO WILL GET IT?

The Paris Academy of Medicine has at its disposal the sum of $160,000, the income from which is to be paid to the person who discovers a specific remedy for consumption.

CHOLERA IN MARSEILLES.

Several cases of cholera occurred recently in Marseilles, France. Friday, May 8, three cases were reported of which two died, on the following Monday five new cases with three deaths were reported.

SOME OF THEM FAILED!

The report that The College of Physicians and Surgeons of Baltimore graduated only 98 out of a class of 122 at its recent commencement must have a discouraging effect on those who have contemplated entering that institution.

THE NEW PHOTOGRAPHY.

Tesla has photographed the skeleton of his assistant at a distance of six feet from the tube. The screen used by him is the platina-bario-cyanide screen, instead of the fluorescent screen adopted by Edison, and he is confident that it is better for the purpose.

AND NOW THEY SAY——:

A new affection of the eyes is reported, caused, it is said, by the prevailing method of seating passengers in street cars. The effort to fix the gaze upon passing objects results in a strain and twitching in the external muscles of the globes, which is quite annoying.

MILK SHOULD BE STERILIZED.

The Michigan State Board of Health has advised the managers of all state institutions to thoroughly sterilize all milk used by them, whether from suspected cows or not. The public will also be so adivsed. The action of the board resulted from the developments in Montcalm County, where an entire family of eight persons was found to have died from tuberculosis contracted from diseased cows.

ANTITOXIN PER RECTUM.

The latest from France is that antitoxin serum by the rectum is as certain and efficient in the same dosage as when administered hypodermically. It should be injected by means of an ordinary enema syringe and a gum elastic catheter of medium calibre, eight or ten inches long.

SMALLPOX IN THE GERMAN ARMY.

The death rate in the German army has fallen from 6.9 per 1,000 in 1868 to 2.4 per 1,000 in 1894. The decrease is ascribed to improved general hygiene. The Germans are rigid vaccinators, and only two deaths from smallpox have occurred in the German army since 1873.

A WORTHY EXAMPLE.

The physicians of London, Ontario, have entered into an agreement whereby one and all refuse to do contract lodge work any longer.

ALABAMA'S PHARMACY LAW.

According to the Journal of the American Medical Association, a law was passed in Alabama in 1895 that all regularly graduated physicians, who have complied with the laws of the state, as they now are, entitling them to practice medicine, are also authorized to fill prescriptions of other physicians, compound medicines and poisons, and to carry on the business of a druggst, or a drug store, or apothecary shop.

AN ANTITOXIN FATALITY.

A case of death from the use of antitoxin is reported from Wheelersburg, Ohio. On the 22d of March a practitioner, who has had considerable experience in the use of serum, injected the usual prophylactic dose over the scapula of a sleeping child of five years. An hour before he was known to be in perfect health. In less than five minutes the doctor was summoned from an adjoining room to find the child dead.

In a recent conference between the New York State and New York City boards of health, a resolution was adopted asking that $300,000 be appropriated as a fund to be used in a systematic combat against tuberculosis.

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COMPARATIVE PATHOLOGY AT HARVARD.

Harvard University has received a gift of $100,000 from a Boston donor whose name is not made public, for the establishment of a department of comparative pathology. The professor in this department is to be a member of the medical faculty of Harvard, and to devote his entire time to the study of diseases, their causes and cures, both with reference to men and to animals.

NEW MEDICAL JOURNALS.

It is reported that St. Louis will soon boast of two new medical journals, "The Laryngoscope" and "The Woman's Hospital Surgical and Gynecological Clinic." The former will be devoted to diseases of the ear, throat and nose, and will appear under the able management of Dr. Frank Rumbold, M. A. Goldstein and a staff of specialist subeditors. The latter will be edited and published by Dr. Geo. F. Hulbert, president of the St. Louis Woman's Hospital. The Fortnightly wishes the doctors success in their ventures.

AMERICAN BEER.

According to the chemist, Dr. Scheele, 90 per cent of the beer brewed in New York would not come up to the test prescribed by the German government, which is not a severe one, only insisting that pure beer shall be brewed, and fixing severe penalties for the production of any other kind. It is an open secret that American brewers do very much as they please, putting all sorts of illicit stuff in their concoctions. So far they have been able to ward off any troublesome litigation, but it is time that their product was subjected to a strict and uniform official supervision, as it is in Germany, France, Brazil and most other beer consuming countries.

SOME GENERAL STATISTICS.

The 72 races inhabiting the world communicate with each other in 3,004 different tongues, and confess to about 1000 religions. The number of men and women is very nearly equal, the average longevity of both sexes being only thirty-eight years, about one-third of the population dying before the age of seventeen. Moreover, according to the most careful computation, only 1 person in 100,000 of both sexes attains the age of one hundred years, and only 6 to 7 in 100 the age of sixty. The total population of the earth is estimated at about 1,200,000,000 souls, of whom 35,214,000 die annually—i. e., an average of 98,848 a day, 4,020 an hour, and 67 a minute. The annual number of births, on the other hand, is estimated at 36,792,000—i. e., an average of 100,800 a day, 4,200 an hour, and 70 a minute.

Generally, taking the entire world, married people live longer than single, and those who have to work hard for their living longer than those who do not, while also the average rate of longevity is higher among civilized than uncivilized races. Further, people of large physique live longer than those of small, but those of middle size beat both.—Exchange.

THE JENKS PRIZE.

The Fourth Triennial Prize, of Four Hundred Dollars, under the Deed of Trust of Mrs. William F. Jenks, will be awarded to the author of the best essay on "Etiology and Pathology of Diseases of the Endometrium."

The conditions annexed by the founder of this prize are, that the "prize or award must always be for some subject in Obstetrics, or the Diseases of Women, or the Diseases of Children;" and that "the Trustees, under this deed for the time being, can, in their discretion, publish the successful essay, or any paper written upon any subject for which they may offer a reward, provided the income in their hands may, in their judgment, be sufficient for that purpose, and the essay or paper be considered by them worthy of publication. If published, the selection of said essay shall be entirely under the control of said Trustees. In case they do not publish the said essay or paper, it shall be the property of the College of Physicians of Philadelphia."

The prize is open for competition to the whole world, but the essay must be the production of a single person.

The essay, which must be written in the English, or if a foreign language, accompanied by an English translation, must be sent to the College of Physicians of Philadelphia, Pennsylvania, U. S. A., before January 1, 1898, addressed to Barton Cooke Hirst, M.

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D., chairman of the William F. Jenks Prize Committee.

Each essay must be typewritten, distinguished by a motto, and accompanied by a sealed envelope bearing the same motto and containing the name and address of the writer. No envelope will be opened except that which accompanies the successful essay.

The committee will return the unsuccessful essays if reclaimed by their respective writers, or their agents, within one year.

The committee reserves the right not to make an award if no essay submitted is considered worthy of the prize.

JAMES V. INGHAM,
Secretary of the Trustees.

CONSTIPATION IN DIABETES.

In the treatment of diabetes there is no one complication which may give rise to more serious conditions than that of constipation. In our experience this has often been the source of the crisis so frequently encountered in this disease; further, it seems to usher in a train of complications all of which are more or less serious, inasmuch as they exhaust vitality, impair nutrition and prevent functional activity. We allude to insomnia, neuritis, hiccough, mental cloudiness, perhaps coma, and frequently vaso-motor symptoms, al lof which are to be noted, at some time or other, in diabetes, and especially when constipation persists. We have for the past year been carefuly observing the results of various lines of treatment of constipation in diabetes. Our expectations have not been realized in following dietetic treatment, and even laxatives have been very disappointing. The best results have been achieved by the use of mineral waters and none have proven so satisfactory as the Carabana natural purgative water. A small dose given once a day to a diabetic patient in which other agents had seemingly no effect, yielded excellent results. The patient, too, felt relieved of that constant anxiety which going to stool had occasioned, when straining, profuse perspiration and even collapse were experienced to the great exhaustion of the patient. Naturally, he would defer going to stool and this only added fuel to the flame, provoking additional misery and distress. I believe, too, the water has benefited the urinary symptoms, inasmuch as the specific gravity has lessened and the irritation during urination has been less marked.

F. P. N.

THE TREATMENT OF SCIATICA.

Sciatica frequently occurs in persons of rheumatic tendency and this explains in a great measure the efficiency of anti-rheumatic remedies in many of these cases. According to numerous reports Salophen is especially serviceable in the treatment of this painful affection. Dr. Linge Cappelari (Riform. Med. No. 53, 1895) after observing the excellent effects of this remedy in rheumatic troubles, decided to test its value in sciatica, excluding the traumatic form in which success appeared a priori very doubtful. In four cases of this affection which he reports in detail the results from the use of salophen were excellent. The first patient was a man aged seventy years old, who suffered from a sciatica on the right side which had been present for four weeks and had resisted all the customary remedies. Salophen 4.0 Gm. daily was administered for four days. The pains then completely disappeared and the remedy was discontinued, but as they recurred in a few days with increased severity, salophen in the same dose was again resorted to for six days. Under this treatment the sciatica was radically cured and a similar result was obtained in the second case from six days administration of the remedy. In the third case a cure was affected after the employment of 86.0 Gm. salophen during eight days. In the fourth observation the sciatica occurred as a sequel to a surre typhoid and subsided completely at the end of five days during which 3.0 Gm. salophen were daily given. The effeot in all these cases left nothing to be desired. After effects were either absent or of trivial character, consisting in vertigo, diaphoresis and slight drowsiness. Disturbances of the digestion or circulation were never noted. Although the sciatica in the author's cases was of more or less recent origin, although the utility of the remedy in the chronic forms has not been tested by him, his observations are highly encouraging, since they show that salophen is of great service in a disease so often rebellious to all the customary anti-neuralgics.

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Fortnightlettes

Dr. H. Grant Sigman has returned to Cripple Creek, Colorado, after a few weeks spent in Kansas City.

Of sixty-one deaths from anesthesia last year in the United Kingdom, fifty-two were due to chloroform.

Cholera has appeared at Alexandria, Egypt. Several natives and an English merchant have died of the disease.

We regret that the portrait of Dr. J.H. Duncan, President-elect of the Missouri State Medical Society, was not received in time for this issue. It will appear in June 15th number.

Dr. Charles Martin, of St. Joseph, Mo., who graduated at the University of Pennsylvania in 1832 and served during the civil war as surgeon, died March 21, aged 84 years.

The Prussian government expends over $50,000 a year in support of the laboratories connected with the medical department of the University of Berlin. This is exclusive of the salaries paid to professors.

The City of Mexico has recently completed at great cost a new and elaborate system of sewers. Among other items this involved the building of a canal thirty miles long at an expense of $15,000,000.

Dr. George H. Rohe has resigned as superintendent of the Maryland Hospital for the Insane, at Catonsville, usually called "Spring Grove," and will take charge of the new insane hospital to be built at Springfield, Md.

It has been computed by the Scientific American that the death rate of the globe is 68 per minute, 97,790 per day, or 35,717,790 per year. The birth rate is 70 per minute, 100,800 per day, or 36,817,200 per year, reckoning the year to be 365¼ days in length.

Francis Hemm, Ph. G., professor of practical pharmacy in the St. Louis College of Pharmacy, has accepted the position of professor of chemistry and director of the chemical laboratory in the Missouri Medical College, made vacant by the death of Professor Charles O. Curtman.

Dr. Charles W. Burr has been elected neurologist to the Philadelphia Hospital, in succession to Dr. Wharton Sinkler, who resigned recently after a long term of active and useful service.

President Cleveland has awarded a medal of honor to Dr. J. F. Raub, of Bethlehem, (at present in the medical division of the Pension Bureau), late assistant surgeon, 210th Regiment Pennsylvania Volunteers, for gallant services at the battle of Hatcher's Run, Va., February 5, 1865.

Dr. John Whitridge Williams has just been appointed professor of obstetrics at the Johns Hopkins University, and is in full charge of the department. He was formerly associate. This is not only a great honor for such a young man, but a distinction in being the only native Baltimorean among the professors of that university.

Dr. Edward C. Runge, superintendent of the City Hospital for the Insane, is to be commended for the inauguration of the picnics for his patients, a feature greatly enjoyed by them and appreciated by their friends. We need more of the social and hygienic consideration of these unfortunate patients.

The National Eclectic Medical Association has issued an elaborate souvenir of their twenty-sixth annual meeting, which is to be held in Portland, Oregon, June 17th and 18th, which contains illustrations and description of the itinerary of the excursions from the East, and complete programme of the meeting. It will be a delightful trip.

The Johns Hopkins Hospital Bulletin is one of the leading journals for advanced thought in medicine in this country. Its last issue is full of things new and valuable, especially to the gynecologists. Dr. Kelly, who deservedly holds a first place among original and painstaking operators, reports his method of operating for removal of the kidney and ureter retroperitoneally. Dr. Clark reports his unique method of ballooning the bladder for acute and chronic cystitis. Dr. Kelly also enlarges upon his method of diagnosis and treatment of pyo-ureteritis and pyo-nephrosis by ureteral and renal catheters

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Society Proceedings.

MEDICAL ASSOCIATION OF THE STATE OF MISSOURI.

Thirty-Ninth Annual Session, Sedalia, May 19—21.

[STENOGRAPHICALLY REPORTED FOR THE FORTNIGHTLY.]

The Medical Association of Missouri convened at Sedalia May 19, 20 and 21, under the able management of Dr. C. Lester Hall, of Kansas City, president, and Dr. Frank R. Fry, of St. Louis, secretary. Much to the regret of the members, the latter efficient officer resigned his position just before the election of officers. He, as well as the retiring president, was tendered a vote of thanks for his untiring devotion to and faithful service of the association.

DR. J. M. LANGSDALE, of Kansas City, read the report on "Progress of Medicine," which consisted of a review of the present status of

SERUM THERAPY.

The discovery of serum therapy must be regarded by every careful student of medicine as a distinct advance in therapeutics. Jenner first demonstrated its efficacy in the discovery of vaccination, but it was not until 1880 that its principle was understood and made to bear fruit. Pasteur discovered the cure for chicken cholera, and later anthrax yielded. Koch's serum treatment was upon the same line, but has proven a disastrous failure, though it is quite probable that a cure for tuberculosis will ultimately be found in this field of work. Behring was the original discoverer of "serum therapy" as employed today, and most progress in medication appears likely to be along this line.

SERUM IN SYPHILIS.

Many experiments have been made in the direction of curing and of immunizing, but the results have been wholly unsatisfactory thus far, although the disease is of unquestionable microbic origin, and so ought to yield sooner or later.

SERUM IN TETANUS.

It seems that in serum treatment a cure has been discovered for this hitherto hopeless disease. Too many cases of prompt relief in cases of unquestioned tetanus (in the work of competent observers like Grayson) leave no doubt as to the efficacy of the serum treatment. Three cases of perfect cure have been reported in America—cases of such severity as undoubtedly would have proven fatal under ordinary measures.

SERUM IN DIPHTHERIA.

Here is a field of wide dispute, but thus far reports are overwhelmingly in favor of the treatment by the so-called "antitoxine." Welch's figures give a reduction in the mortality rate from 46 per cent to 18 per cent. The New York returns give a change from 44 per cent to 17 per cent. Official reports from France show the remarkable decrease of 63 per cent in the mortality rate for the whole of that country. There have been some fatalities following its use, chiefly when employed for the purpose of immunization, the cause of death not yet having been satisfactorily explained. Yet even this cannot be regarded as sufficient to prohibit its use in cases of unquestioned diphtheria. But it is best to continue with it other lines of treatment hitherto found to be beneficial, omitting all caustics, and paying particular attention to stimulation of the heart by strychnine, alcohol, etc. In septic cases it does little good. Sequelae of severe type are sometimes met, the increased number of paralytics being especially noticeable. As a result of careful study, the following conclusions are drawn:

(1) Antitoxine has some specific curative power in diphtheria, pure and uncomplicated. (2) It is of little value where Klebs-Loeffler bacillus diphtheria is complicated with severe streptococcus infection, unless local applications destructive to the streptococcus are successful. (3) The immunizing power of antitoxine has not been established beyond a doubt. (5) As an immunizing agent antitoxine is very dangerous and should not be used in any case until the existence of diphtheria is clearly established. (6) All

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"antitoxines" on the market are not reliable, and some, if used, will cause death. (7) The production of antitoxine should be under government control and inspection.

DR. J. M. ALLEN, of Liberty, presented a paper in favor of the use of the anti-diphtheritic serum. He regards the disease as a purely local one at the outset, not very dangerous of itself, but of extreme gravity from the frequency with which it extends to the larynx, causing death from want of air; from the absorption of toxines of great extent, but chiefly from the secondary infection with the streptococcus pyogenes. As a result of the absorption of the toxines there is a profound disturbance of the nerve centers, resulting in a dangerous adynamic condition first, and later, paralysis, if the patient survive. In the matter of diagnosis, in endemic cases quick cultures can be made, especially to distinguish from diphtheroid; but in epidemic cases, diagnosis by clinical evidences is sufficiently accurate to warrant the use of the serum. In many years' experience he has had very unsatisfactory results from the treatment by reconstructive agents; they never affected the progress of the disease, but simply sustained the strength, and thus permitted the patient to recover in a certain proportion of cases. With the germicidal treatment his results have not been any more encouraging, though mercurials, salicylate of sodium, etc., were faithfully tried in a large number of cases; the first class could not be used in sufficient strength to prove beneficial, and the salicylates could not be employed at all in the adynamic cases on account of their depressing action upon the heart. But with the serum treatment, unmixed with anything else excepting good food and a little alcohol, he has obtained extraordinary results in a recent severe epidemic. Twenty cases were treated, without a death, although two patients died before the serum could be obtained. One family consisted of eleven children, two men and two women, living in a house in the Missouri River bottoms. Two of the children died and two were terribly sick for forty-five hours before the antitoxine was employed. Each patient was given 25 minims three times a day; in two days the disease had abated and recovery was established. Another instance: A girl of ten years had been under the influence of the disease twenty-four hours; was sick almost to death; was given forty minims twice a day; the membrane disappeared in six days. It was a very severe case and would have died if the antitoxine had not been given. In addition to these twenty cases, Dr. E. H. Miller, of Liberty, treated thirteen cases of malignant type, without a death, and Dr. Frank Fulton, of Holt, three cases—making a total of thirty-six cases of diphtheria in Clay County treated without a death. Doctors who did not use serum lost the usual percentage of cases. He did not use the serum as usually administered, but injected twenty to thirty minims twice on the first day and forty to sixty minims on the second day. Usually the patient was so well on the third day as to require no more. No untoward symptoms were noted.

DR. L. I. MATTHEWS, of Carthage, admitted himself a scoffer, although published statistics are so strongly in its favor that all must use it or be condemned. Cases are now classed as "diphtheria" that are scarcely ill at all, and would have been called "simple sore throat" but a short time ago. These cases naturally recover, antitoxine or no antitoxine, and so swell the figures in favor of its use, when it is administered in these simple cases. Until epidemic after epidemic has been checked, we should not declare it a "specific" for this disease.

DR. A. B. MILLER, of Macon, declared himself strongly in favor of its use from a favorable record in fifteen cases. But the "broken doses" advocated by Dr. Allen are decidedly dangerous, and this method should never be followed. The entire dose should be given at one injection, because if the bottle be uncorked even for an hour the serum is liable to acquire toxic powers. Fifteen hundred antitoxine "units" should be given at a single dose to a child of four years. Of the fifteen cases mentioned, five were with such laryngeal complications as to de-

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mand tracheotomy under old treatment, yet a dose of 1,500 units saved each. He has made nine tracheotomies in two years for diphtheria; five of these were in patients without antitoxine, but under the next best treatment known; four died—a mortality of 80 per cent; four were apparently just as bad cases, were treated with serum, besides the tracheotomy—one died—a death rate of only 25 per cent, and the case that died in the latter group was not due to failure of antitoxine, but to strangulation from closure of the tube with discharged membrane. But, even counting it as a failure, this is an excellent recommendation of the treatment.

DR. G. P. TWYMAN, of Independence, indorsed serum therapy in diphtheria, because in a recent epidemic in his city there were fifteen deaths where the remedy was not used and none where it was.

DR. ED EVANS, of Sedalia, reported twenty-six cases, some very malignant, without a death. He declared it the greatest medical discovery of the Nineteenth century.

DR. D. C. GORE, of Marshall, supported its use so strongly as to say: "The physician who allows a case to die without the use of antitoxine should be regarded as guilty of criminal negligence."

DR. T. F. PREWITT, of St. Louis, protested against the use of the term "criminal" as applied to those doctors who are conscientious in not relying upon it. At the same time, he wished to declare it good. Fatal results have been due to the use of decomposing or fermenting serum. It should always be used fresh, as it is a perfect culture medium for septic organisms floating in the air, and if left open soon acquires toxicity. It should also be used under strict antiseptic precautions: the syringe boiled, the hands scrubbed, and the skin surface thoroughly —surgically—cleansed, before the injection is made.

DR. R. H. FINLEY, of St. Louis, also advocated its use, but has seen it fail when used as early as the second day. It should never be used as an immunizer, as the most of the deaths have occurred in such cases, and there is plenty of time to use it after the disease has developed. When there is mixed Klebs-Loeffler and streptococcus infection, other treatment besides serum must be administered.

DR. GEORGE HALLEY, of Kansas City, introduced a resolution asking legislation in favor of the manufacture of serum at the State University, at state expense, to be furnished physicians free or at a nominal cost, as needed. It was adopted.

DR. S. G. GANT, of Kansas City, presented an essay entitled

INTESTINAL AUTOINFECTION.

The absorption of poisons from the intestinal canal is of more frequent occurrence and of greater importance than is generally believed; especially from the colon. It is true there is very little proof of the absorption of the intestinal poisons, yet it undoubtedly takes place, and often. The poison originates as either the result of microbic action or from chemical action—that is, a person may become intoxicated by alkaloidal poisons generated in the intestine or poisoned by germ products. In a state of perfect health these toxic agents are eliminated without trouble, the normal mucous membrane being unaffected by them. But if there be serious impairment of physiological function, as erosion or destruction of some of the membrane, or if from certain causes there be an unusual development of the poison, as is the case in severe constipation—especially in intestinal obstruction or impaction—and in some forms of diarrhoea, serious symptoms arise. The heart and nervous system most often bear the brunt of this absorption; the respiratory system not so frequently, but in some lung diseases the worst symptoms met have their origin in this autointoxication. The skin is also sometimes affected. The nervous disturbances consist chiefly of "nervousness," drowsiness, poor sleep, even neurasthenia and melancholia sometimes being due to this cause. Headaches are especially liable to have origin in constipation by this process of self-infection. Not only do the chemical and microbic alkaloids produce trouble, but the germs themselves also; as the bacillus communis coli acting as a

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cause of appendicitis, empyema, broncro- pneumonia, perirectal abscess, and even endocarditis, nephritis, abscess of the liver, etc. There are three chief features in treatment: (1) Removal of the cause; (2) prevention of absorption; (3) neutralizing or eliminating the poison. The first consists in curing erosions, removing impacted faeces, relieving sources of irritation, such as piles, stricture, etc., and in correcting chronic constipation by purgatives followed by mineral waters, pill of aloin strychnine and belladonna, regulation of diet, and the free use of milk. The second includes the administration of intestinal antiseptics—notably iodide of sodium or idodide of potassium, iodine, salol, mercury; perhaps the best is a combination of salicylate of bismuth with naphthalin or salol. When there is fermentation in the stomach, ten grains each of bismuth and charcoal will afford relief. To diminish the foetidity of the discharges, a good prescription is:

Naphthalin
Sugar, of each, gr. 75
Oil of bergamot, gtt. 3

Mix and put in twenty capsules. Directions: One every hour. The third object can only be accomplished by careful attention to secure proper action of the liver and emunctories (by small doses of calomel), and the use of tonics and baths, and establishment of regular habits.

DR. H. C. SHUTTEE, of West Plains, recommended calomel as the best drug to overcome most of the trouble.

DR. GEORGE HALLEY, of Kansas City, read a paper on the Importance of Early Diagnosis of

BONE TUBERCULOSIS.

The alarming frequency of osteal and synovial tuberculosis, the necessity for early surgical treatment, and the fact that the disease is generally unrecognized or called "rheumatism," renders this one of the most important topics for discussion. One error in making a diagnosis has been that doctors have looked for heredity in suspicious cases; this is all wrong, as bone tuberculosis is not usually an inherited disease. Nor should one seek for pulmonary tuberculosis as a confirmatory feature, because it is frequently not present at all, or at least until very late in the progress of the disease. A slight injury to a joint which never entirely recovers, or that is followed in a few weeks or months by chronic joint trouble should always be regarded as tuberculous and subjected to proper treatment. The things to look for in the early stages are, therefore: (1) The history of a slight trauma; (2) pain and tenderness, with more or less fever, but not swelling, as a rule; (3) impairment of function; (4) implication of only one instead of numerous joints (as found in rheumatism, etc.). Death may follow the adoption of improper treatment. The proper measures to adopt are: (1) Put the joint to rest; (2) constitutional measures—syrup of hypophosphites or other tonics, guaiacol, etc.; (3) injection of 10 per cent iodoform emulsion—very early in primary synovial tuberculosis—before pus formation, but no iodoform when mixed infection has occurred—that is, iodoform does more harm than good when sinuses have formed and pus is discharging; (4) if seen after abscesses are found, operation by (a) opening joint and irrigating in certain forms, (b) atypical resection, or (c) amputation. He reported two cases of resection of the wrist with almost perfect restoration of function.

DR. C. F. WAINWRIGHT, of Kanss City, believed it the duty of every physician to recognize this disease and have proper surgical treatment adopted long before constitutional symptoms arise, as then it is too late.

DR. J. F. BINNIE desired to emphasize the fact that slight trauma is the chief cause, thus proving the correctness of the observation of long ago, that "a sprain is worse than a break." Also the fact that most of these patients appear to be in excellent general health—a thing which should not be allowed to mislead one in making a diagnosis. But in spite of the blooming good health, a careful examination will usually show a deposit in the lymph-gland or lungs, which apparently amounts to nothing, yet from which the infections sprang. When general symptoms of tuberculosis are present, it is almost useless to operate upon the local disease. The chief point is to get the average doctor to recognize the character of the trouble early and have proper treatment instituted as soon as the diagnosis is made.

(To be Continued.)

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JOINT MEETING WITH ILLINOIS.

DR. H. H. MUDD, of St. Louis, introduced a resolution in favor of holding a joint session with the Illinois State Medical Association in 1897. Both societies are to meet one session in East St. Louis, the next in St. Louis, and so on; or better still, on board one of the great steamers on the Mississippi River. After an exchange of telegrams with the Illinois Society in session at Ottawa, the resolution was adopted.

JABEZ N. JACKSON, M. D.,

Kansas City.

Recording Secretary, Missouri State Medical Association.

NEW OFFICERS.

President—John H. Duncan, M. D., of St. Louis.

First Vice-President—C. H. Wallace, M. D., of St. Joseph.

Second Vice-President — John M. Langsdale, M. D., of Kansas City.

Third Vice-President—J. J. Russell, M. D., of California.

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Fifth Vice-President—J. H. Britts, M. D., of Clinton.

Recording Secretary—Jabez N. Jackson, M. D., of Kansas City.

Assistant Recording Secretary—Thos. Hall, M. D., of Marshall.

Corresponding Secretary—A. F. Dresel, M. D., of Sedalia.

Treasurer—W. E. Evans, M. D., of Boonville.

The class of '93, Missouri Medical College, was represented at the state meeting at Sedalia by three of their strong men, Drs. Viedt, Beatty and Lantz. The Fortnightly is pleased to see the graduates of the present decade in evidence at the association meetings.

The National Medical Review of Washington is now "The Official Journal of the Medical Society of the District of Columbia." All papers and discussions given before that society will be published in the official journal. This society now numbers about 300 active members, and includes a number of the most prominent medical men in the army and navy. The editor announces that his journal will be enlarged and otherwise greatly improved, in order to carry into effect this new arrangement.

FRAUD—BEWARE!

The Henry Pharmacal Company, of Louisville, Ky., has been many times addressed in the past twelve months with reference to a so-called solution for Plafayer's Adjustable Cloth Roller Splint, which some unknown fraud claims they manufacture. It is the method of this rascal to sell the formula for a fixed price, $5.00, or more, with a promise that the Henry Pharmacal Company will forward a liberal quantity of the solution. Mr. Henry hereby wishes to warn the profession that he owns no such formula nor has any conection with any interests other than those shown in the advertising columns of this journal at present. The latest heard from this party was from Beaver Falls, Pa., and he seems to be traveling eastward.

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FOOD.—It is a source of much gratification to the progressive physician to notice the advancement made in the study of food suitable for the sick. Aside from the time-worn beef-tea which every one who has ever been ill, and has had to yield to the dogmatic orders of the attending physician, remembers with disgust, and the omnipresent milk toast, sometimes as tough as leather, the average physician has but little in his dietetic armamentarium. In fact, it is the truth, that very few study diet, and are content to say to the friends, "oh! you can give him some beef-tea, a little milk, and a little toast." This ends all thought or consideration of food necessary for the patient's welfare during the course of the disease, unless it is, that the patient absolutely will not capitulate, and then something else must be thought of. Who is it that does the thinking then? Is it the physician? Very rarely. It is the good wife or mother, and she too often tries what will suit the patient, and informs the physician afterwards. Well, he usually acquiesces, so she thinks no harm is done. Probably this is true in the great majority of the cases, but there are instances, and the writer remembers one, which occurred during his student days in Brooklyn, where such a course was disastrous; a mother gave her little boy, a convalescent from typhoid fever, a caramel, and a death certificate was the result. She reported what she had done, but too late to save her boy. We believe a laboratory course in dietetics should be inaugurated in every college, where not only the sight of the food for the sick may become familiar, but that every student should know its preparation, in what diseases indicated, and how to prescribe it. Now that we have such reliable food products made by reliable houses, and so compounded as to make them agreeable for use, it seems to us folly for physicians to go on prescribing beef-tea, as ordinarily made, when such a notable food for the sick as Bovinine is to be had, or to keep prescribing milk toast, etc., etc., when there are such excellent preparations on the market as Malted Milk, Panopepton, etc. We propose to go into this subject fully when we discuss "Artificial Feeding," and later on in a series of papers on "Diet for the Sick."

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An Expert Opinion:

PALMER MEMORIAL HOSPITAL, JANESVILLE, WIS., May 18, 1896.

EDITOR MEDICAL FORTNIGHTLY:—I wish to ask the favor of a number of extra copies of THE FORTNIGHTLY in which my paper appears. I have some medical friends throughout this State to whom I wish to mail them, and I anticipate you will get a number of new subscribers as soon as they see your excellent journal.

The FORTNIGHTLY, allow me to say, in its improved form is one of the most valuable additions to the office of any M. D.

Yours, very truly, J. P. THORNE, M. D.

So Say We All of Us!

STORM LAKE, IA., May 20, 1896.

THE MEDICAL FORTNIGHTLY—Gentlemen: Please send me FORTNIGHTLY of May 15th, as I have failed to receive one as yet. I think a man gets his full money's worth when he subscribes to the FORTNIGHTLY, and I don't want to miss a single copy.

Respectfully, DR. J. E. GARVER.

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A COSMOPOLITAN BIWEEKLY FOR THE GENERAL PRACTITIONER.

THE MEDICAL FORTNIGHTLY is devoted to the Progress of the Practice and Science of Medicine and Surgery. Its aim is to present topics of interest and importance to the General Practitioner, and to this end, in addition to a well selected corps of Department Editors, it has secured correspondents in the leading Medical centers of Europe and America. News of Societies, and of interesting medical topics cordially invited.

Editorial Offices in St. Louis, Chicago, Cincinnati, Jacksonville, St. Joseph, Kansas City, and Pueblo, where specimen copies may be obtained and subscriptions will be taken.

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Editorial Department.

The Association of American Physicians.

ONE of the most unique organizations of scientific workers, is the Association of American Physicians. Its membership is limited to one hundred, and as a qualification for membership the applicant must show evidence that he has won his spurs in the field of scientific medicine. No drones are wanted, and every member must be a worker, or forfeit his membership. With all due respect to the great American Medical Association, with its halo of past successes around it, we will say, that if it is not careful, it will be lead in the race for real scientific work and thought accomplished by such associations as that of the American Physicians. It is gratifying to the student physician to peruse such a programme as presented at its last meeting in Washington, such a feast of the new things in medicine is rare in this country. We congratulate this association on the eminently scientific character of its last meeting.

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Alcoholism as a Defense for Crime.

SINCE the days of Spartan lawgivers, it has been held that drunkenness is no excuse for crime; in fact many judges hold it is but an aggravation of a criminal act. Jurisprudence has been slow to accept the teachings of the disease theory of inebriety, and excepting in delirium tremens has never recognized such a plea. In criminal relations the laws seems more harsh in its practical application, than in civil or social relations. That this is but just is evident when objectively, we consider that the drinking man can voluntarily place himself in a position to do criminal acts. Many courts hold that intoxication, irrespective of degree and its effects, does not alter, modify or excuse the act. Again, the rulings of the courts as to the mental unsoundness growing out of voluntary intoxication, occurring in a person previously sane, do not alter, modify or excuse the act, or more carefully stated, from acts committed by him in violation of law while in that state. (Not less than twenty decisions are cited in this country on this point alone.) However, one familiar with the clinical aspect of mental unsoundness, primarily or secondarily due to inebriety, knows that there are phases of the disease which demand a thorough investigation, ere such a ruling be declared. The law holds that there must be a motive and intention to constitute crime, and this should be a modifying factor, even in diagnosis, inasmuch as unconscious acts committed during the suspension of memory, in themselves indicate incapacity to act from motive. Again, it is proper that inquiry be made as to whether the accused was in a condition of mind to be capable of premeditation. Again, to formulate the diagnosis, it is necessary that all the circumstances attending the intoxication be considered; whether or not he voluntarily placed himself in such a position so as to commit crime; so as to use drunkenness for a defense; simulation of mental unsoundness is not unheard of under such conditions.

But there are conditions of mental impairment, recognized by alienists, which indicate a diseased mind, and as such relieve responsibility, and place the crime, where it belongs, under the head of insane acts. It is, or should be, held that such evidence of mental unsoundness growing out of intoxication, should be admitted to explain the conduct and intent of the accused, especially in homicide. There are certain other conditions to be investigated in the study of such a case, the chief of which, is the existence of certain constitutional or specific diseases, which affect both the brain and nervous system, and which do modify the effects of alcohol, even when taken by a person previously sane. Such a specific disease (syphilis for instance) may in itself be the primary cause of the mental unsoundness, and intoxication merely a secondary phenomena.

Again, heredity is a factor, the individual being endowed from birth with what is termed a narcotic diathesis, that is a precocious sensitivity to narcotics, whereby a defective nervous and mental organism results, which is evident by a loss of inhibitory power, thus making it extremely difficult for the individual to resist the potent influence of alcohol. Further, this sensitivity may be acquired, as is noticed from the influence which the before mentioned specific diseases have upon the nervous and mental organ-

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ism. It is this class (both the hereditary and acquired) from which spring the cases in which it is not only justifiable, but scientifically correct, that a defense of mental unsoundness be made—the marked forms of the unsoundness of mind being delirium tremens and "mania-a-potu," during the continuance of either the patient is undoubtedly insane. He being quite unconscious of his actions, dead to all perception of right and wrong, and incapable of reasoning.

There are other forms of inebriety wholly within the domain of the disease, chief of which is dipsomania, a disease in which the periodical outbreaks of intoxication are incontrollable--a blind, irresistible impulse to seek excessive indulgence in alcohol exists, and is not overcome by reason, will or the thought of disgrace, family pride, etc. This form is often found in some of our most useful citizens—men of letters, culture, of refined tastes and manners. and who drink because they are impelled to it, and not for social pleasure. A medico-legal inquiry into such a case, will always place the individual as a sick man—unsound mentally during his spree, and hence irresponsible. To this class belong the individuals wherein are found those freaks of unconsciousness, the most interesting of which is so-called "unconscious cerebration," characterized by the patient doing acts automatically, yet being without knowledge of his actual condition, at the same time appearing to be acting naturally. Such persons wander away from home, even remain away for months, engage in occupations entirely dissimilar to their previous occupations, and some day awaken to find themselves among strangers; all of this time they have no recollection of what they have been doing. The interval between the commencement of their attack and the return to consciousness being a complete blank. This cerebral automatism I have seen and know it to be possible. Medico-legal literature has recorded a number of such cases. Now, as to the application of these facts to the study of responsibility, this is the function of the lawyer and the judge; medicine merely states the facts, the law applies them. No case can be decided wholly upon its merits—it requires the patient study of all circumstances, and especially the function of diagnosis. That public opinion does sway the decision of a jury is a probability with some foundation, but upon the whole it is my belief, that a jury can, and will in the great majority of cases, be able to sift facts, from fancies or prejudices, and weave something tangible from the confusion occasioned by expert testimony, which, alas, is as yet no credit either to medicine or law, and let "justice be done, though the heavens fall." F. P. N.

THE TWELFTH INTERNATIONAL MEDICAL CONGRESS will be held in Moscow from 7th to the 14th of August, 1897. The regulations have been published to the effect that French will be the official language for international business. No papers can be read in the English language, but in section work and in debate the English, French, German and Russian languages may be used.

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The Study of the Malarial Organism.

IN making a diagnosis, a physician should have the advantage of everything that will assist him. He should be thorough in his examination and not hastily jump at conclusions, because certain symptoms are present. It is the differentiation of symptoms which shows skill, and it is the painstaking, careful searcher who becomes the skillful physician. Oftentimes in consultation, I have been struck with the oversight of the small things, which, indeed, indicate the way, by which the problem is to be solved, and in internal medicine it is every physician's duty to note the small things; to do this he must resort to laboratory investigation, as well as to the ordinary clinical inquiries; combined, these two methods enable the physician to become accurate. We have but little patience with the physician who says, "It takes too much time, or it is too bothersome to use the microscope," for in the end he will lose more time, render inefficient service and lose patronage, whereas an hour spent at the beginning would have settled the controversy at once.

Especially does this apply to diseases of malarial origin, which are of so much importance throughout the Mississippi Valley, and which so frequently, indeed, by reason of their very varied manifestations, are wrongly diagnosed. Now, we know that malaria has its organism (hæmatozoa), which is found in the blood of the patient afflicted with the disease; that this organism is not present in any other disease; that it has certain well-defined forms; that the varied forms of the fever have with them a corresponding variety of the parasite, which parasites are now recognized in their various stages of development, which not only entitle us to diagnose malarial fever, but tell what form of the fever and the stages of its existence. Again, those parasites change with the season of the year, so that the fevers of late spring and early summer differ from the fevers of fall. These parasites develop in a periodical manner in the blood and the various changes which they undergo, are clinically manifested in the stages of the malarial fever. There is much yet to learn about malaria, but if each physician will closely observe his cases, and use his microscope, he will find great satisfaction in an early and reliable diagnosis. It will clear up obscure cases of fever, especially in young children, and also enable a differentiation to be made between typhoid and pernicious malarial fevers.

The technique of examination is very simple—a very small drop of blood is placed on a cover glass and this immediately placed upon a clean glass slide, and used at once without staining, or it can be kept several hours if sealed. If the specimen is to be preserved, it should be stained with a concentrated solution of methyl-blue or gentian-violet.

The forms of hematozoön of malaria as found in this vicinity are now being studied by the writer, and he hopes to report by fall his observations. We would like to have our readers note their experiences in special cases, and report their results through the FORTNIGHTLY.

Much attention is being given to this subject in the East, and we feel it is an important investigation, for with the growth of our knowledge diagnosis will become more accurate, and a corresponding development of the methods of treatment will result, and above all, will come the increase of the usefulness of medicine to humanity. F. P. N.

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Liberty of Speech.

"HE who indulges in liberty of speech will hear things in return which he will not like," is a saying brought down to us from the famous Latin poet Terence, who lived in Carthage before Christ. How true this saying of the slave poet is today. We realize, too, that this liberty when expressed through the press, has its recoil. The spirit of criticism is always present in the editorial sanctum; it is a part of the editor's function, and has its uses as well as abuses. The late lamented Bunner, editor of *Puck*, recognized the fulness of his power, used it judiciously, and never abused it. As a critic of human frailty he aimed to do good by his sense of humor and his real artistic use of the liberty of speech. We have but to read his editorials, his sketches and his stories to be impressed with the fairness of the man. We have often thought of the medical editor's real power and function; of the aims which should be his, and above all the ethics of his criticism. To be critical should not imply to be cynical; to explode a bubble of personal greed or unworthy assumption of power, should not mean to be necessarily hypercritical of its originator, but rather his motive; to attack quackery in all its forms, should mean, however, the exposure of the rootlets which draw from the masses the nourishment for the sightly but really dangerous upas. From such use of the liberty of criticism, we expect to hear things said about us, but as to whether we will like it or not depends upon the source from which they come. An editor gets accustomed to hearing things said about him, but if his aim is for the elevation of a cause; the betterment of society; the defence of right and justice, he feels he has been heard, when things are said about him. Terence had in mind the man, or the editor, if you please, who has a plurality or a preponderance of personal invectives; the man who has but little conception of the prepollency of good over evil, who is insensible to the innate goodness of human nature, and who has no appreciation of the common benefits of our natures, no understanding of the word gratitude nor of sentiment, because his judgment has been perverted and warped by selfishness.

Necessarily a man viewing life, events and history through such a contracted field, allows his speech to flow unguarded; and being made up principally of envy, he rails at his betters, rips up their faults, and takes pains to misconstrue their most commendable actions. He looks at nothing but the errors of others and wishes for no greater feast than a gross mistake. In his censure, mole hills grow to mountains, and small mistakes become capital blunders. His criticism is captious, wordy and lacks solidity. Do you wonder then that such indulgence of the liberty of speech, has in its wake things which such an editor does not like to hear?

On the other hand, the man (the editor) who fights for a better world, of better relations between man and man; whose sentiment can stoop to the weaknesses of man, and who believes that the world "cannot possibly be destined thus always to remain: It must! it must become other and better," will find his life, while irrepressibly streaming on, will be becoming broader, his mutations for the better, and he will be borne on the wave of time to an imperishable reward. The medical editor has something to bring forth, a moral force to sustain, and he should ever bear in mind that writing

> "Is the mystic flash, the lightning of the brain
> Which spreads at once through each remotest link,
> The throb of passion, *by a drop of ink.*"

F. P. N.

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N. Senn, M. D., Ph. D.

CHICAGO

President-elect American Medical Association.

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A Case of Obscure Brain Trouble.

BY W. J. EDDY, M. D.

SHELBYVILLE ILL.

Read before the Central Ill. District Medical Society at Pana, Ill., April 28th, 1896.

IN the course of ordinary practice, the country physician meets with an occasional case that is of special interest on account of some peculiar symptoms which, in many cases, are very misleading and so prominent will these symptoms present themselves together with some pathological lesion, that is merely a coincidence and has no real bearing on the case, that we often mistake the symptoms for the disease. Without entering into any scientific discussion of diseases of the brain, I wish to report a case that has lately passed through my hands, as well as the hands of several other physicians that was very misleading.

Mrs. H. H. aged 59, robust in appearance, mother of three children, two in good health and one suffering from Potts' disease, due to an injury. Family history good. No tubercular trouble on either side. The woman is what would be called of the nervous type. During the past three years, I have repeatedly treated her for cystitis with apparent relief. The attacks would last for one or two weeks and then would be no more symptoms for from ten weeks to three months. There was one peculiar phase in all these attacks and that was the time of day the paroxysm of distress would come on.

It would about come four o'clock each morning and afternoon and remain for two or three hours, there was a desire to pass water every five to ten minutes and great distress and burning, then the condition would gradually pass off and for about eight hours she would feel comfortable and would go about her work, to be repeated again at the end of twelve hours from the begining of the attack. The urine at such times was rather low in specific gravity ranging from 1005 to 1010, slightly acid and no albumen, casts or epithelium cells, no pus, mucous or blood, yet at times there was a faint cloudiness of it, that would not pass off either by boiling, acids, alkalis, alcohol or ethers, and I have let it stand as much as ten days without precipitate, or clearing up. She always objected to an examination, as the attacks were soon controlled. The same treatment would not always control them and during the time I had her under my care, I used a good many different things. Sometimes the bromides would act well, then again buchu, couch grass, cornsilk, benzonic acid, eucalyptus, juniper berries, belladonna, hyoscyamus, acetate of potash, hydrangia and lithiated hydrangia and many others, and again these would signally fail, and perhaps flax seed tea used would seem to control it, or some very simply thing. It was a continual round of successes and failures, hardly ever though an attack would last over two or three weeks and then subside for as many months. With these attacks there would be an irregular condition of the heart's action and sometimes during severe paroxysms a little nausea.

About the 1st of November, 1895, an attack began with the same symptoms as former attacks. I prescribed for her and she seemed to improve,

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but was not well when I was taken sick and had to place her in charge of another physician. During the eight weeks that I was housed up, she had some three different physicians, but made no improvement and when I saw her in the middle of January, she was suffering great pain at times. There was a constant desire to pass water all the time and with it great tenesmus and she complained of sharp shooting pains at the meatus. I made a thorough examination of the urethra, bladder and all the pelvic organs. I found a condition of great hyperesthesia of the vaginal walls with a slight acrid discharge from cervical ulcerations. The urethra for a half inch was filled with caruncle and the entire tract was very sensitive. The bladder was, also, sensitive, but no particular inflammation, There was considerable ulceration of the labia from the acrid discharge.

The pain was excruciating in simply introducing the finger in the vagina and yet no seeming cause for it. The pain in the urethra was so intense that it was necessary to thoroughly cocainize the parts before attempting to examine it. I removed the carunculæ with a scissors and applied iodine to the cervix and wall of the vagina. This seemed to give partial temporary relief and for the next thirty-six hours she did not have to urinate so frequently nor was there so much pain with it. She was able to be up and around the room, but it distressed her to sit down long at a time and there was a great deal of nervousness and restlessness. After the removal of these carunculæ the severe pain was much lessened and never was as marked, but the spells of frequent urination kept up.

The heart's action was very irregular and the stomach which up to this time had been quiet now became disturbed and there was great nausea and frequent vomiting. This lasted about three weeks until the middle of February, then quieted down and the bowels became obstinatedly constipated. Repeated examinations of urine showed no traces of albumen. There was a general depression and about the first of March, there developed symptoms of mental disturbance, which were followed by a general paralysis or rather paresis. There was a gradual loss of use of herself, an inability to talk and a condition of partial stupor, together with stages of wild delirium. The stupor would last twelve to sixteen hours at a time and then would be followed by four to six hours of almost mania, a wild delirious state, that sometimes would be necessary to quiet with anodynes and again it would pass off without, but the trouble with the bladder remained all the way through until death ended her sufferings March 19th. We could sometimes control the bladder trouble and give her relief for a few hours by making an application of iodine and glycerine to the urethra and vagina, but we had to use cocaine to deaden sensibility before she could bear the most gentle touch. The pain was out of proportion to the severity of the local lesions.

This case presented all the symptoms of severe cystitis, with urethral inflammation, but repeated examinations proved that there was neither disease of kidneys or bladder and the partial general paralysis that preceded death without any uræmic coma, showed conclusively that the trouble was one of the central nervous system of the brain.

M. J. Eddy M.D.

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The Medical Fortnightly

The Psychoses of Epilepsy, and the Care of the Epileptic.

BY FRANK C. HOYT, M. D.,

Superintendent Iowa Hospital for the Insane at Clarinda.

IT is a generally recognized fact that epilepsy is prone to cause mental changes, and some writers, notably medico-legal authors, regard this disease as being synonymous with mental aberration. On the other hand, as has been pointed out by Spitzka, unless the epileptic is positively demented, many will treat him as sane and responsible for his actions. Such extreme and misleading views are held regarding idiopathic epilepsy, it is evident that insufficient attention has been paid to the various psychological phenomena of epilepsy.

Long association with epileptics, a careful study of the subject, together with close observation of many cases, will convince one tnat epilepsy does cause mental degradation. It is possible that a certain number of cases may be found, in which epilepsy has existed for years without there being any evident mental deterioration, but such cases are exceptional. Epilepsy causes mental changes in proportion to the frequency and severity of the seizures, and the younger the age at which the epilepsy is developed.

Pepper calls attention to the fact that very rarely, if ever, there is any distinct recovery of mental power, so that symptoms once established are usually permanent. Accepting this view of the question, it seems convenient and proper for us to classify and study of psychoses of epilepsy in six distinct classes. This arrangement does not represent the forms of insanity which may complicate epilepsy, for this disease may be accompanied by any one of the primary insanities. The several psychological phenomena which seem to be directly caused by idiopathic epilepsy may be arranged in the following classes:

Mental and Moral Degradation.
The Psychical Equivalent of Epilepsy.
Pre-Epileptic Insanity.
Post-Epileptic Insanity.
Intervallary Epileptic Insanity.
Epileptic Dementia.

Studying these psychoses separately, we find that mental and moral degradation is present to a greater or lesser extent in all cases of epilepsy of long duration. The higher moral attributes are first affected and the animal instincts given full sway, because of the loosening of the moral checks. The patient loses his moral affection for members of his family, becomes vulgar and obscene, loses all regard for truth; is selfish, egotistical and irascible. With all of this there remains a strong undercurrent of religious feeling, and the patient is frequently very attentive to his religious duties. The patient becomes more animal in his nature, is gluttonous, indolent, and frequently indulges in vicious practices. Children, afflicted with this disease, soon become mischievous and wayward, and often become apt students in crime.

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Patients in this mental condition are more or less dangerous, owing to their irritability and the marked moral degradation which has taken place.

The second class deals with that condition in which, instead of a convulsion, there is a mental storm more or less intense, which is known as the Psychical Equivalent of Epilepsy. This mental disturbance is often characterized by automatic mental and motor phenomena which occur while the patient is in a state of partial or complete unconsciousness. At times the patient becomes almost maniacal, and while in this condition may do any act of violence. Many crimes have been committed by patients in this condition,, and interesting medico-legal points have been raised in connection with the subject.

Pre-Epileptic or pre-convulsive insanity, precedes the outbreak of convulsions, and the mental disturbance increases progressively until the paroxysm explodes and ends in a seizure (Spitzka). The patient in this State is subject to such profound mental excitement, that he is capable of almost any violent action, all memory of which will be abolished before he emerges from the stupor and somnolence which usually follow a seizure.

Post-Epileptic Insanity, or post-convulsive furor, as it has been frequently called, is a condition of maniacal fury which occurs after a seizure,. and seems to take the place entirely of the usual stupor. It very closely resembles acute delirious mania, but is distinguished from it by the fact that the fundamental expansive emotional disturbance is absent, and that the violence is of a treacherous, malicious and irascible character never observed in delirious mania.

Intervallary Epileptic Insanity, which instead of preceding or following the seizures, occurs in the intervals between two convulsive attacks, forms the fifth psychosis in our classification. The mental disturbance is not unlike that of pre-convulsive insanity, but is generally not so intense and maniacal in character as post-convulsive furor.

The condition known as Epileptic Dementia, is the last psychosis of epilepsy to be described. It is the more complete mental deterioriation due to the prolonged existence of the disease, and to the indelible impression made upon the brain by the frequent seizures. The mental conditions in these cases varies from an ordinary degree of deterioriation to a state bordering on complete dementia. Gowers does not think the mental degradation due altogether to the epilepsy, but "to the expression of a cerebral imperfection, of which the epilepsy is another manifestation."

From this mere glance at the psychoses of epilepsy, it will be observed that nothwithstanding many men of brilliant minds have been epileptic, and that the disease does not always cause mental deterioriation, yet an epileptic's chances to escape mental degeneration are poor indeed. If he escapes the primary degeneration, he may have an attack of larvated epilepsy; or avoiding this he may become the victim of pre- or post-convulsive insanity. Escaping these, it is only to succumb finally to intervallary insanity, or to epileptic dementia.

If he is fortunate enough to have no mental changes at all, he has yet to suffer almost complete ostracism. He becomes an object of dread to his friends and associates, going about from day to day overshadowed with the

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fear that he will at any moment be writhing in a convulsion at once pathetic and horrible. He is prevented from acquiring an education, or trade, and is finally left to shift as best as he can, an alien and an outcast. Taking this into consideration, together with the fact, that sooner or later he will fall a victim to some form of mental disorder, and may commit a crime which will plunge all concerned into sorrow deep and ineffaceable, the impropriety of permitting the epileptic to roam at will is evident.

And further, when we look at the statistics of insanity and epilepsy, we find that there is another reason why the members of this unfortunate class of people should be under care. It is the opinion of leading neurologists, that a very large per cent of all cases of insanity are caused by a hereditary predisposition to insanity, or to some disease of the nervous system. Regis says, that "without contradiction, heredity is the most powerful and important of all the causes of insanity."

Epilepsy in the parent is almost certain to reappear in the child. Gowers states "that there is a family history of epilepsy in thirty-seven per cent of the cases, while other writers place the estimate much higher." The intimate relation existing between crime, hereditary insanity and epilepsy is well recognized, so much so in fact, that many writers regard crime, but an "outlet" for the discharge of abnormal mental energy.

No law of nature is more satisfactorily proven than the law of heredity, and it is a fact of atavism that the hereditary taint often fails to be observed in the child, and even one or two generations sometimes escape before the abnormality may show itself. Epileptics should, for this important reason, be so restrained by law that they may be prevented from propagating the disease by marriage.

These problems in sociology, bearing on the prevention of disease and crime by marriage, are of vital importance to the welfare of the nation. The prevention of insanity and epilepsy should receive the attention of social reformers as being of equal importance, at least, with the care and treatment of those already afflicted. The people sooner or later tire of building and maintaining numerous eleemosynary institutions, which are being increased year by year, and are filled to repletion as soon as finished, and will demand some measures of prevention.

So far as epilepsy is concerned, the solution of the problem is found in the sequestration of the epileptic in an institution under control of the State. This is not to be accomplished by confining him in a hospital for the insane, as is now done, but by providing for him an institution peculiarly adapted to the care of this class of unfortunates.

This institution should be on the colony plan, modeled after the epileptic colonies of Bielefeld, Germany; Gallipolis, Ohio; the Craig Colony, New York, and many others.

The Iowa colony should be centrally located, on the main line of some great railway, and to comprise not less than one thousand acres, and preferably two thousand acres of good farming land. It should not lie near a city or town, but is to be a distinct settlement, which will comprise within its borders a village with all the conveniences of a city and none of its vicious or disturbing elements. This village should be located on that por-

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tion of the colony farm which will offer the most advantages in the way of sanitation, water supply, sewage disposal, economy of construction and convenience in operating. There must be a complete and ample water works, system of sewerage, electric light plant, telephone system, and a central steam heating plant for such of the buildings as can be heated in this manner. For the entertainment of the patients a church, theater, dancing pavilion, parks, etc., are to be provided and properly located. Suitable buildings for the residences and offices of the administration should be provided. Extensive shops of all descriptions are to be erected and thoroughly equipped with such appliances and machinery as will give employment to those members of the community who are competent to engage in these industries.

For the patients, there must be erected a sufficient number of plain, substantial and comfortable cottages, which are to be arranged about the village in a manner at once conducive to economy and comfort. Each cottage should provide for not more than twenty patients, proper toilet rooms, etc., and rooms for the attendants. For those members of the community who become ill, there will be a fully equipped hospital, and for those who are maniacal at times, a properly constructed building. For the younger members of the community, grammar schools and manual training schools should be provided, so that the disease will in this community be no bar to the acquirement of education or vocation.

For those patients whose minds are impaired to such an extent that employment cannot be given them in skilled lines of labor, there will be the farm, garden, dairy, hennery, piggery, etc. The rule of the colony will be to employ all who are physically able a part of each day, and to, as nearly as possible, render the colony self-sustaining. Under proper management, nearly all the articles used by the community could be manufactured there, and one not experienced in such institutions will be surprised at the variety of work turned out.

Such an institution as has been hastily and imperfectly described, will cost less to construct and equip it, per capita, than any other state institution now in existence, and the cost of maintenance will be incomparably less.

Laying these considerations aside it will accomplish the following objects:

First. To place the epileptic under the most favorable conditions for health, prevention of mental deterioration, and for a comparatively happy life.

Second. It will protect the public from the danger which always menaces those who are in daily contact with the epileptic.

Third. It will effectually prevent the propagation of epilepsy and insanity, at least so far as the members of the community are concerned.

It will be an economical measure for the State, for the epileptics now in the insane hospitals and institution for the feeble-minded, will be transferred to the colony, making room in these institutions for those who properly belong there.

Frank C. Hoyt.

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The Medical Fortnightly

The Isolation of Diphtheria Patients.

BY M. V. BALL, M. D.,

PHILADELPHIA, PA.

Bacteriologist to St. Agnes Hospital.

NO doubt one of the most contagious and most frightful diseases the general practitioner has to deal with is diphtheria. Its onset insidious, no one knows its incubation period; sparing no age; leaving no immunity in its wake to future attacks; pestilent, even to the point of causing widespread epidemics, and constantly in our midst, with a mortality not much less than 30 per cent, who does not dread this disease?

The hope that in the antitoxine we may have a safe and certain remedy, does not alter the question greatly, although for some physicians the fear has fled.

We see in crowded districts of our cities children attacked, and the measures to prevent the spread of disease inaugurated, but because so far these measures are crude and often ineffective these few remarks are made.

In our own city (Philadelphia) when a child is taken sick, perhaps the school teacher first notices it, and sends the child home, advising the parents to send for their doctor. The child may have been ailing several days before it was noticed. The doctor is called, perhaps; perhaps, the parents take him to a dispensary. The dispensary physician looks in the throat, and tells the parent to take the child home, giving it some iron preparation, and perhaps counsels the child to stay in bed. The physician is now sent for. If a patch is visible, but the patient not greatly feverish, the doctor may not pronounce the case diphtheria; he may or may not advise isolation; he may or may not make a culture. The child grows worse. Another doctor is called (because among the poorer classes in our city a doctor is discharged with each visit); the other doctor, if he be honest, calls it diphtheria, or takes a culture and sends it to the Board of Health. The case is usually seen in the evening, because the patients are worse at that time; the culture, therefore, does not reach the laboratory until 4 P. M. the next day, and a report may be forthcoming the following day, or not until two days have elapsed, the report being sent through the mail. If it is diphtheria, the case will be reported, and the next morning a placard will be on the house. In the meantime five days have passed, communication has been free between child and people in the neighborhood, and many an one exposed to the contagion. The disease runs its usual course, and if a culture has been made the house can not be disinfected until the laboratory report shows the absence of bacilli. This may take several weeks, sometimes months, but in the meantime the patient has passed out of the control of the doctor, and is usually running the streets. The room in which he was sick is frequented by well persons, and as soap and water among our foreign population are used only on rare occasions, the infected room may prove a source of contagion for many weeks after the onset of the disease. Finally fumigation is ordered, and then all evidences of disease are removed,

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with the exception that the children are not allowed to attend school for one month thereafter.

While these difficulties exist where the physician is honest and conscientious, we have in our midst a number of unscrupulous men who have a legal right to practice medicine, but who for their own purposes conceal, whenever they can, contagious diseases and allow the house to go unguarded, the children to go to school, clothes to be made in the same room, and even the diseased child to mingle with others. These men are soon discovered by the poor people, and are called in, because it is a favor to them to be free from the annoyance a Board of Health report causes; and vice versa, the conscientious physician is shunned whenever a suspicious throat trouble occurs.

These poor people have much at stake. If garments are made in the house, as in many cases happen among the Russians and Italians, the whole house is liable to police quarantine. Seven or eight families may thus become prisoners in their own house for a week. two weeks or more. No one can enter or leave. To be locked up in a tenement house during the warm weather, in two or three rooms, with a half dozen children, and to be prevented from earning the few dollars necessary to maintain an existence, is a hardship no one can be blamed for attempting to avoid; and to have a yellow placard pasted on the front entrance of a store is a serious hindrance to business. Thus the poor foreigners will take every means to prevent the case from being reported, and, as before stated, they will find doctors enough to help them in this endeavor. If the case is about to terminate fatally there is time enough to make a return to the Board of Health.

Of course, if the child is sent to the Municipal Hospital many of the mentioned inconveniences are avoided. The house is placarded, probably, only twenty-four hours, and the ordinary business is not interfered with. But every mother will not part with her infant, and every child can not be sent to the hospital, unless the hospital be extensively enlarged.

What is to be done in the matter? Diphtheria is, if anything, on the increase. The antitoxine treatment will probably reduce the mortality, but the immunity established by an injection will only last a few months. We have no vaccin in this disease to ensure an immunity of some years duration. Bacteriologists hold that the bacilli may remain virulent in throats for several months, hence no patients can be considered safe until several examinations have failed to find the bacillus present.

In Philadelphia it is voluntary with the physician whether a culture should be made or not. If a culture is made, then the physician in doing so is under a great disadvantage; his colleague, Brown, does not do so, and has his patients out in a week, and the placard off, and everything is lovely; but Smith for science's sake, and because he is a conscientious worker, must wait until the culture test proves his case cured. The clinical convalescence is over, but the laboratory saith nay; and so the placard remains, and the little patient must swelter, isolated from all during the hot summer months, or be prevented from indulging in winter sports. Can there be any other solution of this perplexing question than a large municipal hospital

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with plenty of room for convalescents and suspects, and compulsion through police power to have the affected individuals put there? Private isolation—I mean isolation in the home—is a hardship and a failure. Unless strict quarantine is placed on the house, it is impossible to prevent communication between the sick and the healthy. The hospital must be a municipal one, else discriminations will be made in favor of some and against others, and because forced to take all who are sent, it must be supported by the people.

Physicians should be severely punished for not reporting contagious diseases. There is a fine now operable, but it is seldom invoked.

Regular medical inspection of school children might discover in its incipiency many a case of diphtheria. There are many good reasons why a physician should be in attendance every day in each of our public schools, and have the children pass him in review, as it were, before they commence their daily studies.

Culture from throats of patients should be demanded in every case reported, and all physicians treated alike. Disinfection of premises should be made as soon as child is able to leave his bed, and again, when the cure is ended. Because other cities are troubled with problems similar to those we have in Philadelphia, I hope the presentation of these few facts and suggestions may arouse discussion, and lead to some general and more effective plan of isolation than we now have.

A Case of Double Congenital Ectropion.

BY A. L. ADAMS, M. D.,

JACKSONVILLE, ILL.

ON April 12th, 1895, C. P., a two months old patient, was presented for double ectropion of upper eye-lids, which had existed since birth. Both lids were completely everted, the conjunctiva lining them was markedly thickened, the whole lid being considerably swollen. There was no discharge from the eyes, nor had there been at any time. When the lids were placed in the normal position, they would, immediately after pressure was removed, return to the abnormal position. The treatment of the case consisted in applying compresses over each eye after placing the lids in the normal position, and keeping it on most of the time. Applications of silver nitrate, one per cent, were made each day to the palpebral conjunctiva. After treatment, for a month, the appearance was as shown in No. 2, the lids being much thinner, and remaining in the normal position without any mechanical aid.

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No. 1.

No. 2.

Dr. Adams' Case of Double Congenital Ectropion.

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Favorite Prescriptions

Selected from our exchanges.

BY GEO. W. TURNER, M. D.,

ST. LOUIS.

In the scanty and tenacious secretion of bronchitis, Benedict (*Am. Therapist*) prescribes:

℞ Pilocarpin Hydrochloratis..... gr. i
Sanguinarin. Nitratis..... gr. i
Syr. Tolutani et Aquæ, q. s. ad..... ʒiii
Sig.: Teaspoonful four times a day.

According to Wyeth (*Louisville Med. Mouthly*) early stages of gonorrhea should be treated by irrigation. He uses the following as a stock solution:

℞ Potassi Permanganatis..... gr. x
Aquæ Puræ..... ʒi
Sig.: Tablespoonful of this solution in a quart of warm water as an irrigation.

In addition to the local treatment, the following formula should be prescribed for internal use, *per os:*

℞ Salol..... ʒi
Oil of Gaultheria..... ʒij
The dose of this solution is twenty drops four times a day. It may be given in water or sugar, or preferably, in capsules. The effect of this is to sterilize the urine, which, as it is passed, aids in urethral antisepsis.

Sack (*Med. Bulletin*) recommends as a salve for childblains:

℞ Camphor trlt..... 1½ parts
Balsam Peruv..... ½ part
Ol. Amyydal..... 8 parts
Adjp. Lanæ "N. W. K.".....
Aq. Rosæ.....aa 14 parts—M.

Headache.—In headache, vertigo, or other symptoms of secondary cerebral congestion due to atheromatous degeneration of vessels, Giovanni has obtained good results from

℞ Ergotin.....gr. iss
Extr. of Calabar Bean.....gr. ¼
Extr. of Gentian..... q. s.
M. ft. pil. no. j.
Sig.: From one to ten pills daily, increasing the quantity according to tolerance.—*Le Progress Medical.*

Anders (*Med. Annual*, '96) gives as a sedative to the irritated nerve end glaments in gastralgia:

℞ Guiacoli.....
Glycerinæ.....aa ʒj
Aqua Menth. Vir. q. s. ad..... ʒiss
M. Sig.: Teaspoonful every four hours, as directed.

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Sketches from Paris.

[BY THE FORTNIGHTLY SPECIAL CORRESPONDENT.]

Dr. F. Raymond was born Sept. 29, 1844, so he is only fifty-one at present. At seventeen years of age he entered the Veterinary School at Alfort, which he left to get his master of arts in at twenty-five years of age, and in 1872 he was successful in getting to be Intern of the Paris Hospitals.

He followed Dolbeau, Marotte, Vulpian and Charcot, and took five years' work as Intern, getting the gold medal in his last year. His thesis as Doctor of the Paris Faculty was on Hemichorea and Hemianasthesia. In 1877 he was named Chef de Clinique, and the year after was Doctor to the Paris Hospitals.

Two years after this he successfully carried off the assistant professorship (Agrege Professeur). During his seven years' term he published a large number of works on the diseases of the nervous system. His work on "The cortical origin of the inferior facial nerve" is important, and his lectures at the Faculty, where he gives the history of the atrophy of the muscles, are notable. Then the series of articles on Ataxy in the large dictionaries, and his studies of the mental diseases and their relations to nervous maladies is constantly quoted abroad. We could give a long list of the works of Professor Raymond, showing how he established, for instance, the relations tween heredity, ataxy and Freidreichs' disease and general paralysis.

One of his principal titles to medical glory is the establishment of the celebrated laboratory at the Salpetriere Hospital, where Dr. Raymond was named Clinical Professor in the room and place of the late regretted Professor Charcot, in 1894.

Thomas Linn M. D.,

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Reports on Progress.

COMPRISING THE REGULAR CONTRIBUTIONS OF THE FORTNIGHTLY DEPARTMENT STAFF.

GENERAL SURGERY

BY T. A. HOPKINS, M. D., SAINT LOUIS

Cholecystduodenostomy for Lithiasis, with the aid of the Murphy Button.

At its meeting April 2, 1896, Winnett presented a case before the Toronto Medical Society (Canadian Practitioner), in which he had operated for calculus of the cystic duct a year previous. The healthy scar and the perfect health of the patient demonstrated the success of his operation. His procedure was as follows: Under ether anesthesia, he made an incision in the upper part of the right linea semilunaris. The omentum and the duodenum presented at the wound, the gall bladder was naturally distended, and could readily be brought in apposition with the duodenum. On examination, a gallstone the size of a hazel nut was felt in the cystic duct and could not be dislodged. Murphy's intestinal compression forceps were found unsatisfactery, as they repeatedly slipped off and allowed the contents to pass. A large flat sponge was placed in front of the kidney. A running thread was placed in the duodenum, and another in the gall bladder. Half of button was now inserted in the bowel, and the remaining part into the gall bladder. Owing to the thickness of the latter, stretching was difficult, and the usual incision —two-thirds of the diameter of the button—required to be extended. When the button was in place, this was drawn together with a suture, and made to include the running thread. Considerable pressure was used in bringing the button together, while the centers were avoided. All was cleaned, and silkworm-gut sutures were inserted, but before tying the patient coughed, and bile was seen to well up at the wound. On examining the button, bile and gas were seen to escape between its parts at each expiration. Great pressure was now used, and the button clicked twice. The escape ceased. It was thoroughly cleansed, and a drainage tube inserted into the depression above the kidney.

Technique of Drainage After Abdominal and Vaginal Section.

According to Senn (American Gynaecological and Obstetrical Journal), we must divide the technique of drainage, whether per vaginam or through the abdominal wall, into three distinct classes—namely, tubular, capillary, and combined drainage. In cases of drainage for arresting hemorrhage, as a matter of course we rely upon the gauze tampon. In cases where we expect no serious hemorrhage, but rather copious serous effusion (the product of the primary wound secretion), he said, I invariably combine tubular with capillary drainage—that is, I take one of Keith's tubular glass drains, pack it lightly with one strip of iodoform gauze, which is an enormous advantage over the older methods of tubular drainage, by removing the fluid from the drain by means of a syringe. In such cases the tube keeps the wound canal wide open, and the gauze drain is sufficient to lead the bloody serum into the hygroscopic dressing. It therefore greatly diminishes the danger from post-operation infection. Drainage by the use of aseptic wicking is only a modification of the ordinary gauze capillary drain. To recapitulate, when I drain for pus, whether through the abdominal or pelvic incision, I invariably resort to tubular drainage, and for the removal of serum combined drainage; while capillary drainage by means of a tampon is reserved for cases in which it becomes necessary to arrest hemorrhage by this method.

Boric Acid as a Surgical Dressing.

Bacon (American Therapist) gives an interesting exposition of the worth of boric acid as a surgical dressing. He quotes Coleman, of Tacoma, who has recently called attention to the utility of packing an infected wound, such as suppurating bubo, with the impalpable powder of boric acid, a procedure which he found of great value in a se-

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ries of reported cases. His method consists in making a free incision into the swelling, curetting out of all infected tissue possible, and packing with boric acid, which, unlike gauze, does not have to be removed. The skin wound is closed after the powder is introduced. Dr. Coleman claims the best of results and that healing by first intention was the rule.

This procedure should find a wide range of usefulness in the treatment of infected wounds, abscesses, some large furuncles, carbuncles, and sinuses, and is certainly worth a trial. Boric acid is safer than iodoform and more satisfactory in most instances, but it comes hard for the old army and country surgeons to give up their old stand-by, smell and all.

The Treatment of Sprained Ankle.

Gibney contributes to the New York Medical Journal, Volume LXI., No. VII., a method of treatment that he says involves no loss of time, requires no crutches, and not attended with any ultimate impairment of function. The method is as follows: A number of strips of rubber adhesive plaster of twelve inches in length and appropriate width are prepared. For sprain about the external malleolus the first strip is applied, beginning at the outer border of the foot near the little toe and ending on the inner side of the foot about its middle just under the plantar arch. The second strip is applied vertically, and passes from about the junction of the middle with the lower third of the leg, down along the side of the tendo Achilles, over the heel, and terminating at a point just above the internal malleolus, but posterior to it. The remaining strips are applied in the same way, each one overlapping the last about one-half of its width, until the whole external malleolus and side of the foot up to the middle third of the leg are covered. It is well to reinforce just under the malleolus by strips passing criss-cross so as to give additional support to the injured part. Care should be taken not to completely encircle the ankle, which might cause injurious compression. For sprains of the tarsal or metatarsal joints or other parts the adhesive plaster is to be applied in the same manner, the idea being to give support to the part. —The American Journal of the Medical Sciences.

The Mortality from Empyema in Childhood.

Marshall (Lancet, London, Dec. 21, 1895) writes of the publication of the interesting statistics by Wightman, which induced him to collect the cases of empyema which have been under his care since 1879. All the author's cases have been treated by free incisions, with the exceptions of two, where, owing to the grave condition of the child and extent of the effusion, it was deemed wisest to relieve the chest of limited aspirations some hours before proceeding to free incisions. This he believes to be a very useful precaution. The total number of cases operated upon by him were forty-five, the deaths being seven. In his list seven cases were under three years of age, and of these two died, one child being one year old and the second one year and nine months.

The method of treatment in every case may be briefly summarized as follows: Free incision, a single tube in infants, but a double-barreled tube in all above the third year; the complete emptying of the chest for the first week twice daily by turning the child upon its side; the early removal of the tube, at the end of the first week, and allowing the patient to sit up and move about as early as possible after the first week, thus helping the expansion of the lung.

In connection with the deaths, the following facts are distinctly noteworthy:

1. That, with one exception, all the fatal cases were those of effusion on the left side.
2. In all there was a long history of illness before admission; varying from six weeks to three months.
3. In one, gangrene of the lung was thought to exist, but this could not be demonstrated post-mortem.
4. Of the two deaths occurring in children under two years of age, one was the direct sequence of chicken-pox, and in both the children were rachitic to a degree.—University Medical Magazine.

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DERMATOLOGY

BY M. F. ENGMAN, M. D., St. Louis.

The Infected Scratch and its Relation to Impetigo and Ecthyma.

By Herman Klatz, M. D.
(Journal Cutaneous and Genito-Urinary Diseases, Vol. XIV., No. 161, 1896.)

The author very ably and justly holds that there is a condition of the skin caused by an infection of the staphlococcus pyogeneus albus or aureus, or both, from a slight trauma (scratch), which is a distinct and primary affection, the condition agreeing with Backhart's accidental impetigo. He describes the condition as follows:

"It is characterized by the presence of a number of disseminated lesions of different size, bearing either a pustule —that is, a more or less tense elevation of the corneus layer filled with pus —or a yellow, brown or blackish thin crust, or exhibiting a moist surface covered with pus. The pustules are not of a regular shape, some times round or oval, often with irregular peripheral indentations; they are usually considerably raised above the skin, tent or globe shaped, without a central depression. They do not show any regularity in their distribution, are not symmetrically arranged or formed into groups, but usually discrete, sometimes arranged in chains. Under the crust, in some instances, a slight loss of substance can be observed extending partly in the superficial layers of the cutis itself, and characterized by a certain infiltration of the basis. In adults the lesions ars usually seen on the lower extremities, mostly below the knees, around the ankles, less regularly on the arms, around the wrists, and on the face. The adult patients are mostly males of unclean habits." In older children the lesions are found on the face, hands and lower part of the arms. In smaller children, while the face may be somewhat affected, the pustules are distributed all over the body, the favorite seats being the hands, butocks and lower extremities. The lesions do not itch, but may be painful from rubbing against the clothing. In this disease there is no apparent cause for itching, it being accidental, from tight clothing, hot weather, perspiration, uncleanly habits. It is often found in children whose heads will show the presence of nits and pedic. cap. but the lesions are found on the arms or legs, while the heads are perfectly free. The author considers the disease distinct from pustular eczema of Hebra, as in an eczema the impetigeneous condition is from secondary inoculation and can be readily cleared up by antiseptic applications, leaving the eczematous base. Impetigo contagiosa and herpetifornus are recognized as diseases sui generis.

Ecthyma is a process of a similar character, but of deeper infection and greater intensity, occurring usually in the weak and debilitated. (Now that the heat of summer is approaching, we will undoubtedly see numbers of the cases as above described by Dr. Klatz. They are very common, as Dr. Klatz remarks, in dispensary practice and in the unclean. They usually are designated as simple impetigo or impetigo contagiousa, but the latter is a distinctly contagious disease, and should be differentiated from one where the sources of local infection can be seen or demonstrated. In the cases I have seen a cure can easily be accomplished by removing the pedic-cap or cause of local irritation and applying an antiseptic ointment, as follows:

℞ Ungt. Hydrarg. Ox. rub....℥ij
Ungt. Sulphuris.....℥iij
Ungt. Zinc Ox. q. s. ad.....℥ij
M.

Thinosinamine.

By Sinclair Tonsey, A. M., M. D.
(Journal Cutaneous and Genito-Urinary Diseases, Vol. LXVIII., No. 909, 1896.)

Dr. Tonsey has been experimenting with theosinamine and has had some very important and encouraging results from a dermatological standpoint. He used the drug in three cases of keloid, two cases of inoperable carcinoma and two of lupus. He cites two of these cases in which he had marked results. The first a case of keloid, consisting of two lesions as large as a

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silver dollar and projecting three-quarters of an inch above the skin, springing from a cicatrix of forearm caused by a burn; after twenty-seven injections both lesions disappeared, making a complete cure. The second case was one of inoperable recurrent carcinoma of inferior maxillary. The effect of a few injections of thiosinamine was very apparent, the induration lessened and the ulcerating surface became cleaner. The drug is not a new one, but was introduced by the older Hebra, and was subsequently used by Keitel, Richter and Van Hoorn. It is made by mixing two parts of oil of black mustard seed, one part of absolute alcohol and seven parts of aqua ammona of specific gravity of 0.960, warming to 104 degrees F., and after a few hours evaporating in water bath and on cooking there are deposited crystals of allysulphocarbomide, or thiosamine. The drug is used in 10 per cent or 15 per cent alcoholic solution injected hypodermically into the muscular tissue between the shoulder blades or near the lesions. The beginning dose is from one-half to three-quarters of a grain injected twice a week, and may be increased to a grain or one and one-half grains twice a week, or even larger doses may be given, but the author has never used them. There are no ill effects from the injection and the pain lasts only a few seconds. The effects of the remedy upon pathological conditions is that of a powerful absorptive, probably by increasing the activity of the lymphatic system. This is seen in the absorption of serous exudates accompanied by marked diuresis. Fever was noticed by Hebra after an injection in tuberculosis of the lungs, probably from the absorption of encapsulated pus.

Hebra and Van Hoorn noticed a decided local effect in lupus a few hours after injection; the parts became red and swollen and afeeling of heat and tension was noticed by the patients. The curative action was more marked when the diseased area was superficial and great. The thickening lessened and the nodules flattened out.

The author concludes by saying we have in thiosinamine a drug producing no ill effects. It acts specifically on certain abnormal tissues to cause their absorption or conversion into normal tissue. It is of the greatest possible value in the removal of cicatricial contractions following lupus or any other cause of loss of substance, as in burns of the neck, ectropion and corneal opacities. His own cases have shown its curative effect on keloid and its palliative and probable curative effect on malignant tumors. E.

A Case of Rhinoscleroma Originating in the United States.—

By G. W. Wendel, M. D.

(Journal Cutaneous and Genito-Urinary Diseases, Vol. XIV., No. 162, 1896.)

This case occurred in an apparently healthy boy of eleven years, born of healthy American parentage. His brothers and sisters enjoy good health. The father of the boy was the first to notice a pink spot, slightly raised, below the right naris. There was no subjective symptoms, pain or irritation. Within three months a perceptible elevation occurred, developing into a ridge. The ridge and spot joined and the former finally extended to the left side of the nose. When the case was examined by Dr. Wende, there was an irregular nodule below the right naris, which was superfificial, while the tissue beneath it was hard and infiltrated. The right ala was uniformly thickened and the lumen of right nostril narrowed. The left ala was not involved, and the line of demarcation between the diseased and healthy tissue abrupt.

The diagnosis was made from exclusion, eliminating rhinophyma, tubercular lepra, tubercular lupus, keloid, epithelioma and sarcoma. Antisyphlitic treatment had been given for one year, without result, proving it was not syphlitic.

"The disfiguring growth, its glossy appearance and localization, its origin from the nasal mucous membrane—later, its encroachment upon the lower part of the naris, its extension backwards in the nasal cavity to the posterior naris, its gradual development without disintegration, its peculiar hardness and elasticity, its extension to the upper lip with a sharp border, and its regeneration of the excised portions—all this has led me to conclude that my patient is affected with rhinoscleroma." (This case is of peculiar interest; firstly, because it is a rare disease to occur in so young a subject, and, secondly, as it is the first case reported as occurring in a native-born American.—Ed.)

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The Medical Fortnightly

Society Proceedings.

MEDICAL ASSOCIATION OF THE STATE OF MISSOURI.

Thirty-Ninth Annual Session, Sedalia, May 19—21.

[STENOGRAPHICALLY REPORTED FOR THE FORTNIGHTLY.]

Continued from page 318.

EXTRAUTERINE PREGNANCY.

DR. T. F. PREWITT, of St. Louis, reported six cases of extrauterine gestation upon which he has operated; two died from delay in operation and improper methods in the operative technique. In one of the fatal cases infection occurred through the drainage-tube for which there was no necessity of insertion. In the other the patient died of shock, which was greatly aggravated by irrigation and other attempts to get out all the blood. The other four cases were treated without irrigation or drainage and recovered promptly. He called attention to the facts, (1) that ruptured tubal pregnancy is much more frequent than generally supposed; (2) that all cases of "pelvic haematocele" or pelvic haematoma are due to ectopic gestation; (3) that all cases attended with the formation of a well-defined mass in the pelvis are haemorrhages into the broad ligament and may be operated upon or left to nature according to the symptoms which follow; (4) that rupture into the peritoneal space is attended with diffuse and dangerous haemorrhage, must be diagnosticated by general symptoms, and must be operated for as soon as recognized; (5) that it is frequently mistaken for abortion—but its possibility should be borne in mind in every suspicious case.

DR. H. H. MUDD, of St. Louis, advised operations in every case where a diagnosis can be made before rupture takes place, as it is then practically without danger. When the rupture occurs into the abdomen operation is imperative, for, while a large proportion of the patients survive the haemorrhage, only about 75 per cent of the babies die—the other 25 per cent going on to maturity in the abdominal cavity. But when the rupture takes place between the layers of the broad ligament the foetus nearly always dies and nature can often take care of the haematoma—so if the blood tumor be small and there is no evidence of continuation of life in the foetus it is usually best to leave the case unoperated unless symptoms of pyogenic infection arise.

DR. SPENCE REDMON, of Platte City, opposed late operation except in cases of slowly progressive bleeding, as indicated by gradual increase in the size of the tumor, since operation is indicated at once in cases of diffuse haemorrhage and is not necessary at all in simple pelvic haematocele even if it be due to ruptured tubal pregnancy.

DR. A. V. L. BROKAW, of St. Louis, believed that a surgeon should be called and operation made in every suspicious case—for the purpose of checking haemorrhage if for no other purpose; just as one would operate for acute traumatic aneurism or complete division of the femoral—two conditions analogous to the two forms of tubal rupture. So, too, every pelvic haematoma should be removed—early if possible; if not, then later. He favors sponging rather than irrigation to clean the pelvis of clots.

DR. R. H. FINLEY, of St. Louis, commended the position of Dr. Brokaw relative to the necessity of operation; but some patients will not consent to abdominal section except in the face of greatest danger, so it is important to remember that if there is any case in which it is safe to leave the cure to nature it is the one in which a tumor can be readily felt in the pelvis. Duffuse haemorrhage always demands operation. A frequent symptom is subnormal temperature. In one case under his observation the thermometer registered only 93 degrees F. on several trials, and by various instruments.

DR. A. H. CORDIER, of Kansas City, also advocated operation in every case just as soon as the diagnosis is certain or ever probable—there should be no exception to the rule. He favored flushing the belly to clean out the clots, and if done properly it does not take long, and the hot salt solution restores the lost blood serum to a considerable degree and the heat combats

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shock. In 126 cases in the practice of one operator all were irrigated and only five died. The dangers to be feared from leaving the case unoperated are, (1) Secondary haemorrhage, (2) Survival of the foetus, (3) Abscess formation, (4) Sepsis. The surgeon should not refuse to operate even if there has been terrible loss of blood. If pulse can still be felt at the carotids the abdomen should be opened and bleeding checked regardless of the amount of shock present.

DR. H. C. CROWELL, of Kansas City, made an earnest plea for immediate operation in all cases. He also favored irrigation.

DR. J. BRUMMELL JONES, of Kansas City, exhibited specimens showing the results of

CEREBRAL EMBOLISM.

The brain was removed two years after the plugging of the middle cerebral artery, death having occurred from some other cause; it showed marked hardening instead of the softening that would naturally be supposed to follow such a lesion. The heart (also presented) showed the characteristic condition which follows acute rheumatism and leads so often to cerebral embolism. The patient was only twenty-four years of age at the time of the "stroke," which, with the history of acute rheumatism and consequent heart trouble, was sufficient to eliminate cerebral haemorrhage at the onset of the disease.

DR. G. W. GROVE, of Kansas City, remarked that the chief point of interest in such cases is the differential diagnosis, for upon a correct understanding of the pathologic condition must depend the prognosis as well as the treatment—the first of much importance to the patient's friends, the latter to the doctor; for cerebral haemorrhage is a condition which demands active treatment and often gives a very favorable termination, whereas in cerebral embolism absolutely nothing can be gained from therapeutic measures and there is no possible hope of recovery if the embolus be lodged beyond the circle of Willis.

DR. JOHN PUNTON, of Kansas City, observed that the great mass of paralyses met may be regarded as of cerebral, not of spinal origin as generally believed. Even in the palsies of childhood the brain is the site of the central lesion far more frequently than usually taught; that is the paralysis is a true cerebral palsy instead of being the result of a poliomyelitis anterior. In the case reported the sclerosis instead of softening is certainly remarkable.

DR. H. HATCH, of Quincy, Illinois, read an essay on

ILLEGITIMACY.

There are, he said, few who recognize the importance of this subject or know of the frequency of its occurrence. Nor do physicians as a rule appreciate the fact that much of it might be prevented by their counsel and instruction. The alarming increase in suicides, infanticides and murders, as well as the relative increase in number of public prostitutes must be ascribed to the growing evil of illicit intercourse and particularly in the rural districts.: It is true that a majority of girls in country towns who "get into trouble" are now shrewd enough to go to some city to remain until all traces of abortion or of natural labor have disappeared, and then return home in as good social position as before their secret "fall;" but the number of public illegitimate births is rapidly increasing; in Europe the ratio is 120 to the 1,000 births—in America (so far as recorded) 78 to the 1,000. In the way of public health, illegitimacy heads the line of degeneracy; abortions, alcoholism, sexual perversions, generation of criminals, etc., being the direct result. The causes of the increase are (1) human passions (2) too free mingling of the sexes—especially in the high schools, (3) too great liberty during courtship, (4) poverty of the masses—preventing marriages which otherwise would take place, (5) wrong laws. The remedy is neither education nor religion, though both are of some value as preventives. The laws should be changed so that the mother of a bastard shall be punished as fully as the father—for as things now are the man runs away to escape punishment (or marriage) while the woman remains as a subject of pity instead of being held equally responsible before the law. Further—the law ought to hold the parents of minors responsible for the sexual sins of their children, for many cases of il-

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legitimacy may be traced to want of instruction on the part of parents—many more to want of watchfulness. It is the duty of physicians to instruct mothers and even the young men and women and to create public sentiment against the unbridled liberty between the sexes so common in this country. Still further—it might be well to advocate a law which will make castration the punishment of the man convicted of seduction who refuses to marry the woman injured.

DR. I. N. LOVE, of St. Louis, regarded this as one of the most important subjects which can be discussed by medical men. It is the duty of every physician to instruct the people upon the dangers which beset the young; and especially to impress the responsibility of maternity upon the minds of young women. The terribly large number of prostitutes which throng the streets of our cities may be traced chifly to ignorance, to want of comfortable surroundings and sometimes to seduction. But the most of them are country girls, illiterate for the most part, who have fled from cheerless homes for the free and easy life of the courtesan. The family doctor should counsel every mother of a family to make the home-life of her daughters more attractive, and every father should be advised to favor the girls as far as possible in the way of an allowance for the little luxuries so dear to the feminine heart; for by the absence of these things the ranks of the demimonde are recruited. Further, every physician owes it to humanity to protest against the kissing and the hugging which are generally regarded as harmless. Kissing is a part of sensuality and should be prohibited so far as its indiscriminate practice is concerned; it is entirely too common, particularly in the country. Holding parents legally responsible for their children under age will certainly do much to check the number of illegitimate children. And Protestant ministers might do much to check it by adopting the methods of the Catholic clergy in giving instruction upon the duties of maternity, etc.

DR. FRANK R. FRY, of St. Louis, read by title a report of an additional case of

FREIDERICK'S DISEASE.

which was referred to the publication committee.

VIVISECTION.

The following resolutions were adopted:

"Resolved by the Medical Association of Missouri, That as the bill now pending in Congress entitled, 'A Bill for the Further Prevention of Cruelty to Animals' will, if enacted into a law, prohibit vivisection and experimental work of greater import to humanity and to the preservation of valuable domestic animals, this Association most heartily opposes its passage.

"Resolved, That the Senators and Representatives in Congress of the State of Missouri be and are hereby requested to use every legitimate means to defeat the passage of the bill.

(To be continued.)

TOURS IN THE ROCKY MOUNTAINS.

The "Scenic Line of the World," the Denver & Rio Grande Railroad, offers to tourists in Colorado, Utah and New Mexico the choicest resorts, and to the transcontinental traveler the grandest scenery. The direct line to Cripple Creek, the greatest gold camp on earth. Double daily train service with through Pullman sleepers and tourists' cars between Denver and San Francisco and Los Angeles.

Write S. K. Hooper, G. P. & T. A., Denver, Colorado, for illustrated descriptive pamphlets.

BURLINGTON ROUTE.

The ever popular Burlington Route is especially serviceable to physicians tributary to St. Louis who can spare but a day in the city. Most of the regular trains arrive early and depart late enough in the day to give ample time for the transaction of business, etc. The new local accommodation trains in Illinois are especially serviceable and to the physician who would like to take a day or two off, to attend the convention, we would recommend they try "The Burlington."

Physicians or students desiring to purchase a high grade bicycle, may learn something to their advantage by addressing Bike, care Medical Fortnightly, St. Louis.

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"THERE ARE OTHERS."

DR. A. L. BENEDICT, of Buffalo, has been appointed associate editor of the *Philadelphia Med. and Surg. Reporter.* In additional to editorial work he will prepare the review of foreign progress in digestive diseases.

VOL. I, NO. I, of the *Clinical Recorder*, a new quarterly edited by Dr. Wm. S. Gottheil is received and we are glad to welcome it into the circle. The *Recorder* is the organ of New York's new post graduate school.

ANOTHER new journal, *The Western Medical Review*, from Lincoln, Neb., has reached us. The *Review* is edited by Dr. Geo. H. Simmons. The first number contains 24 pages of solid reading matter, and every line is *readable* matter. We predict a prosperous life for the *Review.*

The British Medical Journal for May 23rd was devoted to the Jenner Centenary. A full sketch of Dr. Edward Jenner's life, work and writings, together with a complete discussion of vaccination in all its phases makes it a most valuable number of that very excellent journal.

THE Woman's edition of the *Buffalo Medical Journal* which has just reached us, reflects great credit on the professional women of that city, and it is an issue of which the journal may well feel proud. Woman's place in medicine and in medical journalism will never be questioned if they are uniformally as successful as they were with this venture. We will hope to hear from the ladies again, medical journals will find space for such original work at any time.

DR. O. J. KENDALL, of. Wichita Falls, Texas, was married April 30th, to Miss Lena Parker, daughter of Dr. P. J. Parker, of San Diego, Cali.

DR. JOHN G. SPENZER has been elected Professor of Chemistry in the Cleveland College of Physicians and Surgeons—Medical Department of Ohio Wesleyan University.

FORECASTING THE FUTURE bids fair to become a very unprofitable industry in Cleveland. The new license law taxes "astrologers, fortune-tellers, seers, etc," $300.00 a year.

THE MECCA OF CONSUMPTIVES.—Southern California, which has been likened by the admirers of its climate to the Riviera, is in danger of growing too much like the latter in another respect, namely, as the home of the tubercle bacillus.

A NEW lectureship in Ophthalmology at Queen's College, Belfast, has recently been created in accordance with the regulations of the Royal University of Ireland, and the Council has appointed Dr. W. A. M'Keon as the first incubent of the new office.

THE ASSOCIATION OF MILITARY SURGEONS was in session in Philadelphia last month. At the session on Thursday, May 14th, the following officers were elected: President, Medical Director A. L. Gihon, U. S. N., New York; First Vice-president, Brig.-Gen. E. J. Forster, M. V. M.; Second Vice-president, Maj. John Van R. Hoff, U. S. A., New York; Secretary, Maj. Hermann Burgin, N. G. P.; Treasurer, Capt. James J. Erwin, O. N. G., Cleveland. Columbus, O., was selected as the next place of meeting.

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The Medical Fortnightly

Issued First and Fifteenth of Every Month.

FRANK PARSONS NORBURY, M. D., - Managing Editor.
HUBERT WORK, M. D., - - - - Associate Editor.
THOMAS A. HOPKINS, M. D., - - - Associate Editor.
CHARLES WOOD FASSETT, - Secretary and Business Manager.

A COSMOPOLITAN BIWEEKLY FOR THE GENERAL PRACTITIONER.

THE MEDICAL FORTNIGHTLY is devoted to the Progress of the Practice and Science of Medicine and Surgery. Its aim is to present topics of interest and importance to the General Practitioner, and to this end, in addition to a well selected corps of Department Editors, it has secured correspondents in the leading Medical centers of Europe and America, News of Societies, and of interesting medical topics cordially invited.

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BORN, H. H., Abdominal Surgery.
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Volume X. **JULY FIRST.** **Number 1.**

Editorial Department.

Laboratory Methods in Diagnosis.

IN a recent number of the *Maryland Medical Journal* Dr. Charles E. Simon, commenced a valuable series of papers on this timely subject. When we consider the vast strides made in clinical medicine, due to laboratory investigation, it is evident that he who would be among the first in clinical research must master the details of laboratory diagnosis. That experience is valuable in diagnosis, all will admit, but that exactness is better cannot be denied. It is the student physician who is the safest man in family practice, and we commend the tone of the papers of Dr. Simon, as found below in his introduction:

"Unfortunately the number of physicians who avail themselves of the numerous aids to diagnosis which scientific medicine has placed within the grasp of the general practitioner during the last fifteen years is as yet but small. It is not difficult, however, to find an appropriate cause for this apparently curious fact.

"Laboratory methods of diagnosis, to which reference is had more particularly, receive either no attention whatsoever in the larger number of our

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American medical colleges, or they are referred to only in passing during the lecture. The young practitioner will pay but little attention or none at all to articles which appear from time to time in our various medical journals, bearing such titles as "Laveran's Organism in Malaria," "An Improved Method of Staining Tubercle Bacilli," "A New Test for Lactic Acid in the Gastric Contents," etc. When questioned as to the reason why he does not examine the blood, the sputum, the gastric juice, the feces, etc., the general practitioner generally responds by saying that he has not the time for such things, that he can make his diagnosis without a laboratory, or that he does not believe that much information of practical utility can be derived from such examinations, that the instruments and apparatus required are too expensive, or finally and honestly that he has not the necessary training and does not know where to obtain the desired knowledge.

"The excuse that he has no time can hardly be regarded as a valid one. The physician who does not bring all diagnostic means known to his profession to bear upon the cases with which he is dealing is plainly neglecting his duty. He himself would hardly regard blessings and smiles on the part of his patients as an appropriate recompense for his services. How then can a patient be willing to remunerate him for a haphazard diagnosis?

"The times are fortunately passing away when the "the experienced eye" meant everything in the practice of medicine. The public is beginning to realize that not infrequently the young man, who does not possess the experienced eye, it is true, but who is willing and capable of making every effort to reason a correct diagnosis, above all, is preferable to the old friend of the family. He, at least, has the time to *study* his cases. On the other hand, there can be no doubt that if the older physicians were to take an assistant to make for him all necessary chemical and microscopical examinations, and were he to study the significance of such examinations, his success would be still greater. He would, morever, have the feeling that he has done all for his patients that could be demanded from him." F. P. N.

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The Professor of Hypnotic Art And Science.

RECENTLY the writer had the *pleasure* of meeting a *professor* of the *hypnotic art*. That he was a real, genuine and indisputable professor was attested by his card, which said he was a professor, and of course, then he must be a professor. This card, also said, that he treated the alcoholic and morphine habits; and further, that he taught this art to dentists and physicians. Naturally, thought I, such a genius is a man whose acquaintance would be worth cultivating, and I asked him into my consulting room where I could get nearer to this man with such powers and ability. We made *headway* beautifully, and soon he was so familiar as to call me "Doc." And to assure me of his good-fellowship, said, "Say 'Doc,' I am goin' to give an exhibition up at the Armory tonight, and if you'll come up and go on the stage, it'll be worth a whole lot to me." "Yes, Doc, it will be worth $25 a line tomorrow night, for if the people know I had such a prominent man (I bowed in humble acknowledgment of the compliment) on the stage, they'll think I'm all

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right, which I am, for I learned from Dr. L——, of Chicago. Yes, I paid him 'a hundred' dollars to learn me, and I know my business." "Well," said I, "look here, I am not used to going on exhibition, or courting notoriety, and pray what use can you make of me?" "Now, look here, Doc," he replied, "I won't get you clear under. I'll just get a part; say a finger and a hand, and the people will laugh, and say, Doc, it'll be the talk of the town tomorrow." I thanked him for his flattering offer, and said, "I had not that desire to have my weaknesses thus publicly exhibited." "But," said he, "now, look here, Doc, why, over in Springfield, I had the town dead easy, why one night there, I got some of their leading citizens, through the telephone. Yes, I had a telephone on the stage, and I was over in the 'St. Nick' hotel, and they would come up, take hold of the receiver, and I didn't do a thing to 'em. Say, Doc, you'd a died a laughin' if you'd been there. They rolled and tumbled all over that stage."

I found I could not avail myself thus to become a leading citizen, and said, "that I had other matters to attend to," but to keep the "fun going," I gave him the address of a physician friend, whom I knew would not be so tolerant of flatterers as I, and advised him to call and secure his co-operation. Before he left he said, "Say, Doc, do you use hypnotism in your practice?" I answered him I had, but to a very limited extent. He replied, "Well, look here, Doc, you had better let me learn you, I'll do it for $25, and that's dead cheap, for I paid Doc L. a hundred." My endurance of this man had reached its limit, and I hastily terminated the interview, and immediately commenced thinking of the editorial, of which this little incident is but the prelude.

This man a professor? A professor of what? I could not answer. The absurdity of the interview now dawned upon me. This man, with his low craft, mean, cunning (if he had any cunning at all), want of principle, unbounded self-confidence, avarice and unfeeling ignorance, posing as a professor. On the other hand, the stupidity with which the multitude became his dupes, and even rejoiced, I dare say, in being taken in by him, such a combination presented the problem, what is the destiny of such folly, and what are we going to do about it? If there is anything in hypnotism, are we to allow such fools to use it, pervert its usefulness and trail it in the mire of quackery?

Personally, I believe in the therapeutic uses of hypnotism, that it is an agent, which, if rightly used, becomes a power for good, but if abused, it adds to the epidemic of quackery, which seems now to spread over this fair country of ours. Hypnotism is in the air, it pervades the literature of the day, imparting to these stories of mystery the sensationalism, without which they could not survive; it has entered medical jurisprudence, opening up avenues for the defense of crime, which while within the range of probability, is like the plea of insanity, abused and played with in order to baffle a jury, who knowing nothing of the mysterious of the mind are too much inclined to accept these doctrines, because they supply a plausible basis of reasoning. The travelling professors are no credit to the useful features of hypnotism, for like the itinerant physician, they are not responsible personages, and by playing upon the credulity of the people, they only give dis-

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credit to medicine as a science and art. Think of this ignoramus, who entered my office, a man not familiar with "the King's English," and yet posing as a professor of hypnotic art. I dare say, he has no scientific conception of hypnotism, somnabulism and allied phenomena; his superficiality at once puts him in the category of the unfit for honest service. We can accept sometimes the work of the untrained in medicine, if we note a corresponding desire to learn and to improve, but when we find a man whose presumption enables him to say "he knows it all," whereas his works show him to be a fool, we then can waste no pity or palliate his shortcomings. It is to be regretted that legislation has not been enacted here, as in France, that prohibits hypnotic seances for the satisfaction of morbid curiosity. In many States such laws exist, they should be enforced, and those itinerant quacks be thus compelled to go out of business. F. P. N.

DR. L. A. SCRUGGS, a colored physician of Raleigh, is a leading spirit in the establishment at Southern Pines, of a sanitarium for negro consumptives.

DR. JOHN S. BILLINGS has received the honorary degree of doctor of medicine from the University of Budapest on the occasion of its millennial celebration.

THE UNIVERSITY MEDICAL COLLEGE, of Kansas City, made a wise choice in electing Dr. H. C. Crowell to the chair of Clinical Gynecology in that institution.

RAILWAY SURGERY.—We take pleasure in announcing that Dr. Paul F. Vasterling, of the Missouri Pacific Railway Hospital of this city, has consented to assume editorial charge of the Department of Railway Surgery. In view of the clinical opportunities which he enjoys, and his association with one of the leading railway surgeons of the West, Dr. W. B. Outten, we are assured that this department will be successfully and profitably conducted. It is the aim of the MEDICAL FORTNIGHTLY to make this department second to none in the United States.

DR. JAS. P. PARKER.—It is with regret that we chronicle the death of our fellow-townsman, the late editor and founder of the *Annals of Ophthalmology and Otology*. In the prime of a useful life he was stricken down with pneumonia, which resulted in his death February 6th last. In deference to the request of his family, no notice of his death was published at the time, for fear of temporary injury to the journal he had founded. Though not himself a writer, he had the tact of inducing others to write for the *Annals;* this faculty combined with fine business talent, resulted in placing this journal in the front rank as a medium for the expression and dissemination of current thought in the departments to which it is devoted. He will be missed. As to the journal which he established, we are glad to state that its publication will be continued without interruption, under the able editorship of Dr. Casey A. Wood, of Chicago, where his pen has already widely introduced him favorably to oculists at home and abroad.

F. H.

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Sketches from Paris.

[BY THE FORTNIGHTLY SPECIAL CORRESPONDENT.]

Prof. Germain Sée, who just died in Paris, was born March 6th, 1818, in Ribeauville. He studied in Metz, and graduated in Paris in 1846; became physician to the Paris Hospital in 1852, and succeeded Prof. Trousseau in 1866 in the chair of Therapeutics.

About this time Dr. Sée was a much talked of person, as he was close to the Emperor Napoleon III. court and physician to the Empress Eugenie. It was said to be owing to her influence that he was at once named professor to succeed Trousseau before having been assistant professor. In any case, the end justified the means, for Prof. Sée became one of the greatest physicians France has ever had. His great *forte* was in taking hold of the new drugs and making experiments upon them, so that his name was attached to them. This was so for sodii salicylate and his works upon the salicylates became classic. For antipyrin the same, he showed that it was not an *antipyrin*, but an *analgesic*. His works on Chorea and its Relation to Rheumatism, Ergot in Heart Diseases, the forms of Asthma, but a list of articles and books would occupy too much space to detail them.

He was very fond of telling the story of the famous consultation he held with the Surgeon Dupuytren and others over Napoleon III. before the Franco-Prussian war, when Dr. Sée declared that he (Napoleon) had a stone in the bladder, but the others said no. Dr. Sée thought if they had

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then found it, as he did, and they did afterwards, that the war would nev have taken place.

Professor Sée lost his fortune in the Union General years ago, but wi courage he went to work again, when already an old man. His influen with the government kept him in his chair after the usual retiring age 70, so that he kept up his work to the last. The writer was some eighte months in his hospital service in Paris, where everything new was made object of experimentation. Dr. Sée is a great loss to France in these da of scepticism in therapeutics.

NOTE: In the last issue of the FORTNIGHTLY, I notice your arti inserted a photo of Dr. Marc Sée by mistake. He is a nephew of the la Germain Sée, and is a Paris surgeon.

Thomas Linn M. D.,

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MCKENDREE COLLEGE recently conferred the degree of A. M. on D Y. H. Bond, of this city.

DR. W. C. MCDONALD, of Montreal, has just brought his contributio to McGill University to the princely sum of $2,000,000, by a recent gift $500,000.

Prof. Sam E. Woody, M. D., Dean of the Kentucky School of Med cine, Louisville, will contribute to our Symposium, "How to Teach Med cine," the paper on "How to Teach Chemistry," Prof. Woody is th author of Woody's Essentials of Chemistry and Urinalysis, a manual whic has reached its third edition, and has the endorsement of the medical pres of this country.

THE June 13th issue of the *Medical Record* was certainly unique, inte esting and commendable. It made us think of the available resources nature designed to benefit suffering humanity, the mighty influence which spring from the dainty sheen of grass; of the wooded paths by flow ing streams; of mountain ledge and cañons deep, old ocean's zephyrs an mighty billows. Such an issue is in keeping with the spirit of progres always evident in this valuable journal.

CLINICAL LECTURES.—THE MEDICAL FORTNIGHTLY has complete arrangements to publish lectures from the following eminent French clin icians; translations by our special correspondent, Dr. Linn: Prof. Pinard Professor of Obstetrics, Faculty of Paris, Accoucher to Baudelocque Ma ternity, etc.; Prof. Debove, Professor of Medicine, Faculty of Paris, Physi cian to Paris Hospital; Prof. Potain, Professor of Faculty of Paris, Physi cian to Charity Hospital, etc.; Prof. Marie, Professor (Agrégé) Paris Faculty Physician to Paris Hospital; Dr. Cuffer, of Paris, Physician to Necker Hos pital, Paris; Dr. Charles Mauriac, Physician to Hospital Record, Paris.

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Original Department.

PAPERS for the Original department should be in hand one month in advance, and contributed to THE MEDICAL FORTNIGHTLY exclusively. A liberal number of extra copies will be furnished authors, and reprints may be obtained at reasonable rates, if request accompanies the manuscript. Engravings from photographs furnished free.

☞ Signature of contributor, for reproduction, should be sent with every article, on a separate slip; use heavy ink, and allow autograph to dry without applying blotter.

The Treatment of Compound Fractures of the Neck of the Femur in the Aged, together with Dislocations; Exhibition of Apparatus and a Specimen.

BY J. F. PERCY, M. D.,

GALESBURG, ILL.

Read before Military Tract Medical Society.

THERE are few scenes of suffering that appeal more to the surgeon than that in which an old man or woman is found to have sustained a fracture or dislocation at the head of the femur. The injured one, as well as the family and friends, may judge it to be no more serious than a similar injury to the young; but how different to the surgeon, who in the majority of these cases can see the end from the beginning.

How often are his attempts at repair of the damage directed to making the patient comfortable, and this often in a perfunctory manner. From past experience he knows how difficult it often is to retain the fracture or dislocation, even though he may have conscientiously done everything that the best surgical thought of the day demands.

At his second or third visit he is not surprised to see shortening, or eversion, or what not of the injured member. And not very far in the future he can see cystitis, bed sores and exhaustion doing their very worst, while the treatment of the patient resolves itself into heroic attempts at saving the life regardless of the injury, and how often the attempt results in failure, is known best by those who have had an opportunity to do this work.

I have notes of six cases of injury to the hip joint occurring in my private practice. Curiously enough, they are equally divided between fractures and dislocations; three of each form of injury. All of the dislocations occurred in women, while only one patient in the fracture series was a man. In ages the fracture cases ranged as follows: Mr. S., seventy; Mrs. P., fifty; Mrs. W., seventy-four; while those who suffered dislocation were, Mrs. G., eighty-three; Mrs. H., seventy-eight, and Mrs. A., seventy-two.

As is well known, dislocation of the head of the femur is extremely rare after fifty and before ten years of age. Many physicians of large practice having never seen a case. The author of Bryant's Surgery mentions that he had had opportunities to treat only two cases, one aged seventy-three and the other sixty-six. Thomas Bryant also mentions that "these dislocations are grave accidents, and are found mostly in male adults."

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Of my fracture cases one died, Mrs. W., in the stereotyed way, i. e., cystitis, bed sores and exhaustion. It was in her case that I used the special form of apparatus to be exhibited, and which proved so satisfactory, yet the specimen that I have for your inspection also came from this case, all of which will be explained later.

One, also, of my cases of dislocation, Mrs. G., aet. eighty-three, died. In this case the rim of the acetabulum above was broken off, and no form apparatus would repair the damage, or retain the head of the femur within the cavity.

In my fracture cases at the present time, Mr. T. after six years, can get around his farm very well. The repair of the fracture left him about one and a half inches short on the injured side. This was the result also obtained in Mrs. P.'s case. Mrs. W. died, as stated above.

The results in my cases of dislocation average with those in the fracture series. Mrs. G. died from exhaustion four weeks from the receipt of her injury. Mrs. H. recovered with a fairly useful limb. When I saw this case at my first visit, the head of the femur was upward and forward upon the pubes, and an extensive tear was the result in the capsular ligament. So great was this that no amount of care prevented a slipping of the bone from a very, very shallow acetabulum. At the present writing nature seems to be making an effort to repair the damage and afford a leg that will be of some use to this patient, who is now past seventy-eight years of age.

Mrs. A., another of those among the number who suffered from dislocation, passed from under observation when I discharged her as cured.

Now, I am well aware that there is nothing very brilliant about this report as far as results go, except the fact, that I can report here three cases of dislocation, all occurring at an advanced age. But can you report better results than this as far as treatment is concerned, in the same line of cases that you have treated? My point is, that all fractures and dislocations of this bone at the hip are extremely difficult to treat satisfactorily at any time of life, and when they occur in the aged are followed by death.

In two cases most recently treated I have made use of a method first brought to my notice by Dr. C. C. Hunt, of Dixon, Ill. In a paper read before the Section on Surgery of the Illinois State Medical Society in 1894, Dr. Hunt described an apparatus devised by Dr. W. P. Verity, of Chicago, and first reported to the State Medical Society in 1880 by its inventor. The apparatus in the hands of Dr. Hunt gave such uniformly good results (as reported by him in 1894) that I determined to make use of it at the very first opportunity. This came in the forenoon of January 14th of this year, when I was called to see Mrs. W., aged seventy-four, and in the afternoon of the same day to Mrs. H. (the wife of a retired physician of this city), aged seventy-eight.

My diagnosis in the first case was simply fracture of the neck of the femur. The wise surgeon will not attempt in these cases to make a differential diagnosis between intra- and extra-capsular fractures of the head of the femur, especially if it is to influence his treatment. In this case there was marked shortening of the leg with complete eversion of the foot. Under chloroform, and with gentle manipulation, crepitus was elicited, confirming the diagnosis.

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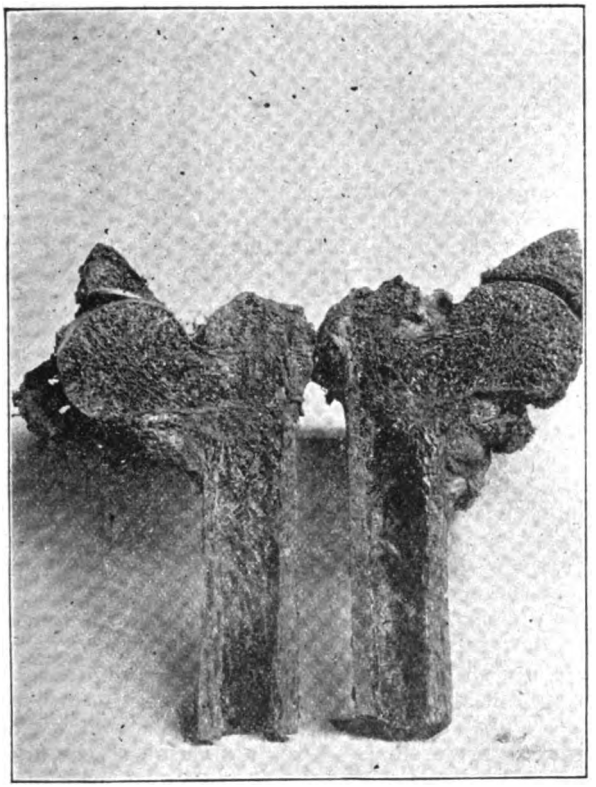
Inasmuch as we are able to present the specimen of this case today we will do well to notice what an interesting form the fracture presents. First. The fracture occurred with the capsule. Second. There is a partial fracture of the great tuberosity. Third. The head of the bone is driven directly into its own shaft—impacted according to the books. Fourth. The almost mathematical accuracy with which the fracture occurred—in what for want of a better term, we will call its impacted end. Fifth. The absence of the lesser tuberosity.

As stated above, there was shortening of the leg about two inches, with marked eversion. There was also extension of the foot.

If this was an impacted, intra-capsular fracture of the neck of the femur, and the specimen shows that it was, how did these symptoms occur? I might state further, that my assistant, Dr. Taggart, was present during the examination of the patient under chloroform and confirmed the diagnosis; to him also I am indebted for the preparation of the specimen that I present today.



Impacted intra-capsular fracture of the neck of the femur.

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My next case was Mrs. H., aged seventy-eight. This case was one in which senile changes were marked everywhere, except in the brain. And permit me to add here, that it has been my experience that when the question of prognosis comes up in any form of surgical injury, operative or accidental, that the more active the brain of the patient has been during life, the better are the chances for that patient to live. And with this, of course, goes the increased probability of a good result as far as the injury itself is concerned. This which I believe to be the rule in surgical work, more especially, is well illustrated in the two cases that I am now reporting. Mrs. W., a senile dement at seventy-four years of age; died at six weeks. Her life history can, I think, be well told in one word: She belonged to the *satisfied* class. Mrs. H., on the other hand, has always led a most active life, mentally and physically. Today, although she spends most of her time in a wheeled chair and suffers not a little pain, she is as interested as ever in her friends and the events of the world. In this case there was shortening of about one inch, and eversion of the foot. Under chloroform the head of the femur with its trocanter could, without difficulty, be made out in front over the pubes. I say without any difficulty, because the patient is slightly built, and absolutely does not possess any fat; when under the anesthetic, the femur was rotated, the rounded head of the trocanter could be easily discerned. I lay stress upon this point, because Dr. Roswell Park, of Buffalo, saw the case within a few weeks and made a diagnosis of impacted fracture of the head of the bone; and very kindly added, that in any event the result would have been the same, and further, that the patient would certainly walk again upon that leg. About eight months have passed since the accident, and nature has done much toward anchoring the displaced bone; so I do not see how a positive diagnosis could be made after so long a time had elapsed.

Prof. Park, so my patient informs me, laid great stress upon the extreme rarity of dislocation of this bone in the aged. Right here I want to inquire if it is not possible that dislocation at the hip is not more frequent than statistics and writers would lead us to believe? Is it not possible, again, that it is one of those statements made long ago as fact, and repeated and quoted until assumed to be true by every writer since? But regardless of this, the very uncertainty of what we have to treat, when called to a case of injury to the hip, makes it necessary that we use every care, in order that we may the more intelligently understand these injuries.

In the case of Mrs. W. I had no difficulty in determining that it was one of fracture, and that the limb was not injured by unnecessary manipulation is most beautifully shown in this specimen.

For fear I may weary you if I longer dwell upon these cases, I will at once proceed to a description of the special form of apparatus that I used in both these cases, and although there were unavoidable delays in having it made, for the time I used it in each, it demonstrated to my satisfaction, at least, that it was a most valuable instrument, and one that should be more widely known by the profession. Absolute fixation of the injured member cannot be obtained by the Verity "Universal Suspension Splint," as the inventor calls it. But this is not necessary in order to obtain the best results. It is not the injury that kills these patients, but that which is

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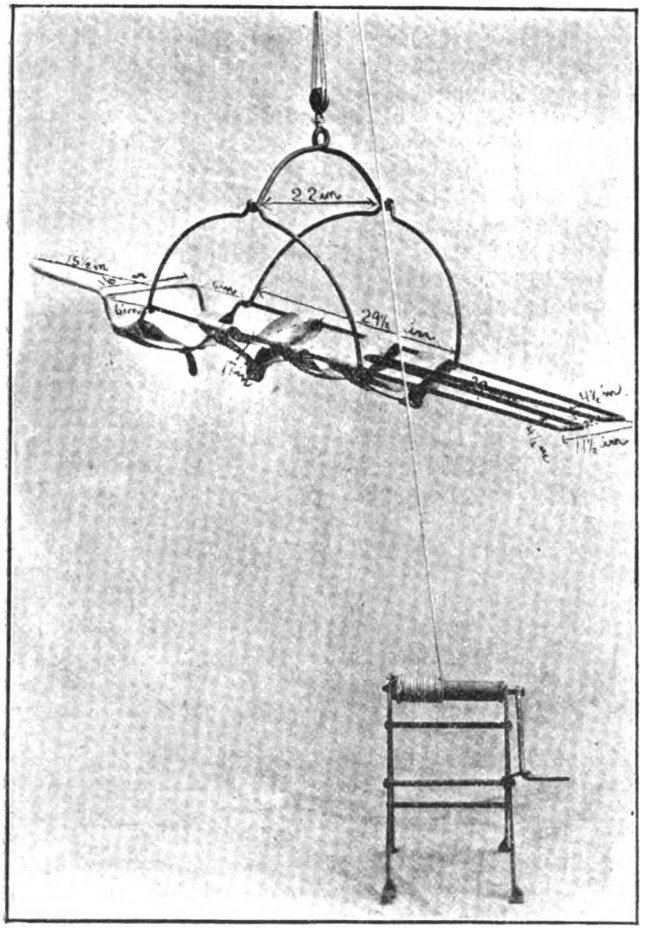

Verity Universal Suspension Splint.

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almost the inevitable result of the accident, viz., cystitis, bed-sores and exhaustion do it. Mrs. W., the senile dement, died six week after the injury, although she was placed in this apparatus, but toward the last a colliquative diarrhœa developed and carried her off. That the Verity Splint immobilized the injured leg, is I think sufficiently shown by the specimen. And the absolute necessity for it was shown when the uncontrollable diarrhœa developed, in that the patient could be kept clean in every way, and without any discomfort whatever. In the appliance that I used on Mrs. H., the blacksmith induced me to have the frame made of steel. Let me warn against this, because we very soon found out that there was not stiffness enough in this metal for the strain that was put upon it by the weight of the patient. The sides of the frame or splint would spring together. Yet this imperfectly constructed apparatus permitted the patient to be raised at will to respond to the calls of nature, and for the changing of the bedclothes and bathing the back. This patient had suffered for years from chronic diarhœa. Cystitis too developed, as well as a traumatic neuritis commencing in the obturator nerve, due undoubtedly to injury to it from the head of the bone at the time of the accident. That this patient would have died were it not for her splendid mental powers and this apparatus, I am quite convinced. A further word about this case, and that in regard to the way in which the injury was received. She fell about four feet while on a step-ladder and first struck on the outer side of the left knee, thus by indirect violence favoring dislocation rather than fracture.

In closing I will quote from Dr. Hunt's article, a description of the splint:

"The object of the splint is, chiefly, to raise the patient from the bed in cases of fractures of the pelvic bones, of the thigh, or vertebræ, extensive burns, bed-sores, or any condition in which the patient is, or is liable to become bedridden.

"The apparatus, which it is my privilege here to describe, is simple in all its parts. It can be made by an ordinary blacksmith in a couple of hours' time, out of material always at hand. It requires no special skill to apply it. It fills the necessary requirements. It is adapted to all cases.

"The Verity splint consists of a rod of half-inch iron bent so as to pass entirely around the patient longitudinally and up between the lower extremities to the perineum. The iron is also bent to form a curve to accommodate the shoulders. A heavy roller bandage four inches wide is passed at intervals of a few inches around each of the two arms of the splint, cut and pinned with large safety pins. Under the trunk are placed pieces of heavy webbing, three or four inches wide, and long enough to reach from arm to arm of the main portion of the splint, each end terminating in a leather strap about fifteen inches long, and a stout buckle. These pieces are buckled over the arms of the splint at either side, about two inches apart and extending from buttocks to patient's neck. A hood of heavy muslin is drawn over the head portion for the pillow to rest upon. These pieces of roller, webbing, etc., support the patient when suspended. The lateral suspension hooks and cross-bar are removed and set aside when not in use. They can be adjusted in a moment when needed to suspend the patient."

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The Medical Fortnightly

Brief Report of a Case of Traumatic Pterygium with a Comparative Study of the Refractive Condition of the Eye Before and After Operation.

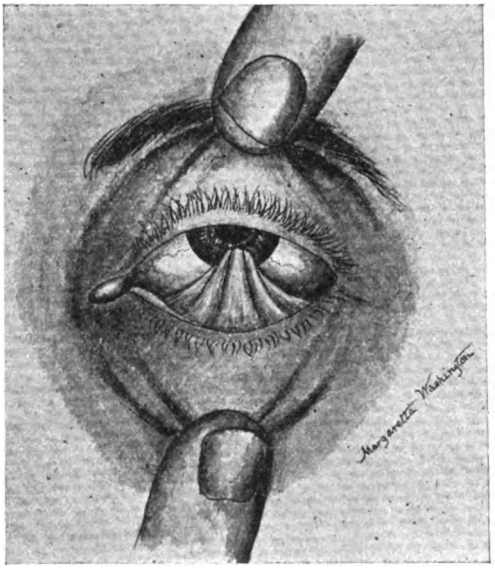
BY CHARLES A. OLIVER, A. M., M. D.,

PHILADELPHIA, PA.

One of the Attending Surgeons to the Wills Eye Hospital; one of the Ophthalmic Surgeons to the Philadelphia Hospital, etc.

In May of 1895, G. W., a thirty-year-old colored teamster, fell from the rear platform of a trolley car. He sustained a series of superficial injuries about the upper portions of the left face, involving the lower lid and the inferior part of the eyeball.

Although the wounds were carefully stitched by a competent physician, yet the resultant inflammation lasted for more than a month.



Following the accident, the vision of the affected eye, which was as good as that of the right eye both before and for some time after the traumatism, began to grow progressively worse.

At the time of examination, the 4th of February 1896, when I first saw him in the Ophthalmic Wards of the Philadelphia Hospital, the cicatrices in the cheek and the lid were so faint and the tissues were so free and mobile, that upon casual examination but very little if any deformity could be seen. Upon depressing but not everting the lower lid, as shown in the sketch

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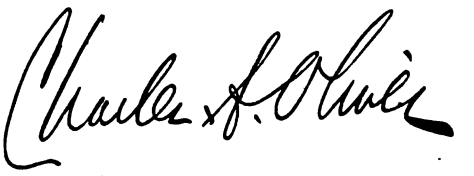
made by Miss Margaretta Washington, of this city, a broad pyramidal superficial area, situated upon the bulbar conjunctiva alone and extending from the lower *cul de sac* over the cornea to a point almost opposite to the lower pupillary border, could be plainly seen. The mass, which was dense and vascular, was so tightly adherent to the subjacent corneal tissue and underlying mucous membrane of which it formed a part, that a probe could not be inserted beneath it at any point. Study of the remaining area of the cornea by magnifying lenses and the ophthalmoscope showed that the false membrane was drawn into a series of vertical folds.

Uncorrected vision equalled one tenth of normal ($\frac{5}{50}$), this being promptly brought to one third ($\frac{5}{15}$) by the use of a convex cylinder of three and one half diopter's strength with its axis at 180°, the right eye possessing full visual acuity.

Four days later, whilst the patient was under the general anesthetic effects of ether, I had my resident, Dr. Caroline Hetrick carefully dissect the growth free from the its corneal attachments and excise it as in von Arlt's method for the removal of ordinary pterygia. The exposed underlying submucous tissues were completely covered by bringing the free edges of the surrounding conjunctiva smoothly and neatly together by a series of minute and evenly placed sutures.

The stitches were removed in forty-eight hours time and seven days later, the wound was thoroughly healed. Ten days after the operation, uncorrected vision had risen to one-sixth of normal ($\frac{5}{30}$), it requiring but one diopter's correction of astigmatism at the same axis as before, in order to double the acuity of vision ($\frac{5}{15}$), (the same as before); this being but one-third of the cylinder lens strength that was necessary to be used before the operation.



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PROF. PAUL Y. TUPPER, Professor of Anatomy in the St. Louis Medical College, has kindly consented to contribute to the Symposium on "How to Teach Medicine," the paper on "How to Teach Anatomy." We know it will be appreciated by all acquainted with the needs of the student and of the importance of this very essential branch of medical education.

DR. J. N. LEDLIE, of Pittsfield, Ill., died suddenly May 22d. He was one of the leading physicians of Pike county, where he has been in active practice since 1855, excepting for the period of four years spent in the service of his country, during the civil war. For his gallantry and ability manifested as surgeon to "the 99th Illinois" he was made Lieutenant Colonel. His remains were brought to St. Louis for cremation.

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Society Proceedings.

MEDICAL ASSOCIATION OF THE STATE OF MISSOURI.

Thirty-Ninth Annual Session, Sedalia, May 19—21.

[STENOGRAPHICALLY REPORTED FOR THE MEDICAL FORTNIGHTLY]

Continued from page 347.

Dr. O. P. KERNODLE, of Knobnoster, presented a paper on

INTESTINAL DISORDERS OF CHILDREN.

It was a plea for simple methods in the dietetic management of the child; the use of the digestive ferments—especially taka-diastase when starchy foods are being used—and irrigation of the stomach (lavage) in some of the worst cases of gastric disturbance; as well as flushing the lower bowel with an antiseptic solution in cases of entero-colitis.

DR. J. M. ALLEN, of Liberty, entered a vigorous protest against the growing custom of raising children on a bottle. But when nursing is impossible cows milk should be used—peptonized under certain circumstances—and next best is Malted milk. Greater attention should be paid to the digestion of young children because it is now claimed that 70 per cent of all epilepsies (excluding those of traumatic origin), begin in childhood, and of these fully 60 per cent may be said to be due to gastro-intestinal irritation.

DR. I. N. LOVE thought we should urge every mother to nurse her children; of there be deficiency of milk administer galactagogues — too frequently ignored. So far as the popular fad of obtaining "intestinal antisepsis" by internal medication is concerned, it is a farce; an impossibility; calomel and water in abundance—from both ends—will do far more good.

DR. H. C. SHUTTEE, of West Plains, enquired: What galactogogue can be recommended?

DR. LOVE answered: Good food, malt extracts, beer, and especially an abundance of rich milk taken hot, and chocolate made with milk—all these promote the flow of milk.

DR. L. I. MATHEWS, of Carthage, called attention to the fact that the quality as well as quantity of the mother's milk should be carefully looked into, as some children have been found to be actually starving while a sufficient amount of milk appeared to be secreted.

PRESIDENT'S ADDRESS.

DR. C. LESTER HALL, of Kansas City, delivered his address as president, advocating individual effort on the part of every member to remedy the apathy into which the vast majority of the physicians of the state appear to have sunk, at least so far as pertains to relations with the state medical society which ought to have four times its present active membership. He advised a more earnest effort toward the establishment of a larger number of local societies in affiliation with the State Association. He recommended the increase of the annual dues to a sufficient amount to cover the cost of an annual banquet. He advised dropping all members who are in arrears more than one year on dues. He referred to the deplorable condition of the treasury and urged a proselyting for increase of membership during the next year. He counselled the selection of a permanent place of meeting. He asked for a reestablishment of the committee on Obsterics, Gynaecology and Paediatrics. And he desired more attention paid in future to social features.

The address was referred to a committee and all the recommendations were adopted saving the one selecting a place of permanent meeting. This was deferred until the next annual meeting, as it had already been decided to hold that in St. Louis.

The remainder of the first day's session was devoted to a special meeting in honor of the "Old Guard Medical." Speeches were made by Drs. I. N. Love, J. H. Duncan, A. B. Shaw and H. H. Mudd, of St. Louis and J. N. Jackson and J. B. Binnie of Kansas City; and responses by Drs. S. S. Todd and Willis P. King of Kansas City and J. M. Allen of Liberty.

DR. BINNIE'S remarks were as follows:

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A few years ago an old clerical friend of mine, as a change from his usual pastoral work, took to writing sketches of the characters living in a Perthshire glen. It is only a Scotchman who can fully appreciate the absolute truth to Nature of these short sketches, many of which are necessarily written in the rugged Doric of the North. To the Scot abroad "Beside the Bonnie Briar Bush," and "The Days of Auld Lang Syne," have come as a breath of air direct from his native hills, redolent with the perfume of the purple heather. But these studies, to my utter surprise, have awakened the interest of numberless readers who have never left the Western hemisphere and who have no knowledge of the "Guild Broad Scotch" in which the author so delights. How comes it, then, that such universal admiration has been aroused in America for these sketches which it must be difficult for the average American or Englishman to read? It is the magnificently correct portrayal of human nature—the gems in modern setting, those touches which draw moisture to the dryest eyes, and "make the whole world kin." In these popular works there are three chapters preeminently favorites here—those descriptive of William Mac Lure, the noble old doctor of Drunitochty. The woods of Missouri are full of just such heroic characters, men well advanced in years, men who through storm and shine ever respond without a grumble to the calls of suffering humanity, instead of taking the ease they have so well earned for their old age. Well may we younger men look with pride upon our aged colleagues for we know that throughout this great country there are many of whom with truth could be uttered the answer of Lachlan Campbell, given in his quaint highland accent, to the Scottish Pharisee: "When Willum Mac Lure appears before the Judge He will no be asking him about his professions (of religion), for the doctor's judgment has been written long ago; and it is a guid judgment; and you and I will be happy men if we get the like of it. It is written in the Gospel—but it is Willum Mac Lure that will not be expecting it—'Come ye blessed of my Father; I was sick and ye visited me.'"

(To be continued.)

Section on Ophthalmology, College of Physicians, Philadelphia.

A Stated Meeting of the Section o Ophthalmology was held in the Lowe Hall of the College of Physicians o the 18th of February, 1896, Dr. Wm F. Norris, Chairman, presiding. Pre ent: Drs. G. Fales Baker, S. Soli Cohen, Eshner, Friebis, Hansell, Ha lan, S. Weir Mitchell, Norris, Olive Perkins, Randall, Ring, Risley, d Schweinitz, Shaffner, Thomas, Thomp son, Zentmayer, and Zimmerman, Fe lows of the College, and Drs. Casse Chance, Haden, Krauss, Mellor, Mur dock, Posey, Rogers, Stevens, Swee Tait, A. G. Thomson, Thorington, an S. Lewis Zeigler as guests.

DR. S. WEIR MITCHELL read paper upon the Disabilities Due to Eye Strain as Viewed by the General Phy sician and the Ophthalmologist.

DR. WILLIAM THOMSON gave carefully detailed account of the oph thalmic conditions found in the cas cited in Dr. Mitchell's paper. The pa tient, myopic in childhood with diplo pia at ten years of age, was correcte with astigmatic lenses and prisms whe he was seventeen years old. He passe through college and studied law with out suffering from much asthenopia At twenty-four years of age, he wa hard at work professionally, and wrot a book of a thousand pages. Sinc that time, he has had periodic head aches.

In 1887, the disease was so pronounc ed and constant that the patient wa unable to do any near work. There was an esotropia of twenty degrees fo distance with myopic astigmatism i the right eye; to which, in the left there was superadded a slight conicity of the cornea situated below and t the inner side of the apex. His dis tant corrected vision equalled six-sev enths and a half of normal in each eye The patient was ordered a partial cor rection of the myopia, a full correction for the astigmatism, with the addition of prisms equalling ten degrees by the substitution of the full amount of my opia and an additional prism-power of ten degrees more in over-fronts, when distant objects were to be seen more accurately.

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In spite of a year an outdoor life in Colorado, which much improved his health, a few minutes' reading produced severe headache. As the refraction at this time was unchanged, a full tenotomy of the left internus, leaving but five degrees of esophoria for six meters and equilibrium at fifty centimeters, was performed May, 1888. All the prisms were removed except a five degree prism strength from the distance glasses, resulting in an equilibrium at and within one meter's distance and an esophoria of five degrees at six meters. All strain had gone, allowing him the ability to read an hour each morning and to play tennis with the over-fronts on for several hours daily without fatigue.

About September, the first sudden breakdown took place, appearing as a violent headache, which lasted eighteen hours.

One month later, the right internus was fully divided, leaving an esophoria of three degrees and an abduction of eight degrees. The patient did well until January, 1889, when violent headaches upon any attempts at any near binocular fixation came on. Sight and accommodation remained unchanged. The cylinder of the left lens was reduced and three degree prisms were added to the near glass.

Two years later, the relief had become so entire and complete that, in spite of a large practice, lecturing twice a day and acting as Dean of his College, the relief was complete and the patient enjoyed life.

In April, 1893, stronger partial correction, with four degree prisms bases out for thirty-three centimeters, with full correction of myopia for distance, were ordered.

The patient remained comfortable for two years, when he returned with the statement that weekly and bi-weekly headaches, commencing during the winter, each attack lasting twenty-four hours and associated with sick stomach, had appeared. Vision and refraction-error remained unchanged. There was a return of esophoria, which now equalled thirteen degrees over that of his last correction, and which rose to thirty degrees with the naked eye. At this time, the tendons of both of the internal rectus muscles were divided, obtaining an orthophoria for six meters.

These operations, with slight changes in the lens combinations, gave more or less relief for about a month's time, when it was found necessary to advance and excise three to four millimeters of the tendon of the left externus, reducing the esophoria to three degrees at six meters; orthophoria at one meter's distance being obtained. The patient never presented any symptoms of hyperphoria.

In six weeks' time, still remaining at work as president of a large corporation in addition to his law practice, he reported the return of several headaches.

One month later, it was found that he had an esophoria of seven degrees. Prisms of three degrees each in over-fronts were ordered.

At this time, the patient commenced to wear a patch over the left eye, thus preventing binocular vision; stating that this gave him much relief.

Six weeks later, no hyperphoria could be found, corrected vision was normal, accommodation was full, abduction equalled nine degrees, and adduction equalled thirty degrees. The refractive error had not increased.

At the time that the author read his paper, he stated that, as the patient carried his head with his brow forward, there was a possibility that there might be too much supraduction. The headaches were frequent and near-work was much limited.

He deemed that the condition of the left cornea lent doubt as to the best position for the placing of the cylinder-axis. He believed that further operations on the muscles concerned in binocular single vision would be still needed for relief which the patient had previously obtained for four years.

In contrast with this case of recurrent esophoria, Dr. Thomson cited an interesting example of esophoria with high myopia and astigmatism.

In this case in three years' time, by careful correction of the refraction-error and muscle-disturbance with a complete tenotomy of the right external rectus muscle, complete and entire relief from a series of aggravated local and general symptoms took place.

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Dr. Thomson believed that in all cases of muscular asthenopia we are confronted with that last puzzle of binocular single vision which compels us to spend so much time and labor upon them. He further stated that the Ophthalmic Surgeon knows full well that the care of these cases merely begins when they are supposed by the public and general practitioner to have been finished by being glassed.

DR. CHARLES HERMON THOMAS reported a case of Irregular Spasmodic Strabismus Dependent upon Esophoria. The patient, a young lady, had suffered much pain and distress in the eyes, accompanied with headache, from childhood. She had also been subject to occasional attacks of great distress in the eyes. These latter, however, were not of a painful nature, but were characterized by irregular spasmodic contractions of the internus muscles, producing, while the attack lasted, a constantly varying strabismus accompanied by much confusion of vision and general nervous perturbation. Besides, she had been subject to severe coughing and strangling fits which were accompanied by weeping and violent convulsive movements, and which occurred at intervals during a number of years. The asthenopic pain and headache, especially, had always been of a very disabling character, interfering seriously with the use of the eyes in reading or other near work.

The visual lines, during much of the time, were manifestly parallel, but marked strabismus occurred when almost any change in the ordinary relation of the eyes was made; for example, as in taking off her glasses. Under the cover-test, convergence became extreme, and when the cover was shifted the target was not seen by the uncovered eye until winking had taken place; this being so even though the eye was found to be looking in the proper direction. During the time the eye failed to see the target, the pupil was in marked contraction, but the instant the pupil expanded to the same size as the other, the patient gave the signal that she could now see. (Evidently the excessive convergence was associated with spasms of accommodation and accompanying pupillary contraction.)

Broad homonymous diplopia, which was seen when a dark purple glass was placed before one eye, was neutralized by prisms that aggregated eight degrees base out. The phorometer showed an esophoria of four to eight degrees, and an abduction of four to six degrees. No hyperphoria was manifest. With prisms aggregating eight degrees base out, movements of recovery under the cover-test were abolished, and she saw the target at once without previous winking. Prisms of this strength having been worn for a few days with comfort and the heterophoric conditions remaining stable, operations were performed on both interni at a week's interval. The result was an abolition of the strabismus and of the esophoria and an abduction of ten degrees. The eyes could now be used freely and continuously as never before.

Two months later, her husband wrote: "I am very glad to report that my wife's eyes are perfectly well and she has not been troubled with eye or head-ache since the operation." Her physician also wrote: "The patient is entirely free from the annoying and painful symptoms of her former trouble, and is well and happy."

In conclusion, Dr. Thomas said that he was confirmed in the belief that muscular errors are neither of more nor less importance in their relations to asthenopic and general reflex-symptoms than are refractive errors, and that equal relief is to be expected from appropriate correction in both classes of cases.

In the discussion, Dr. Thompson stated that he agreed with Dr. Mitchell in the fact that the case first cited was not hysterical in type. He also called attention to the belief that lateral deviations were frequently dependent upon disturbances in the vertical muscles, and stated that such cases should not be confounded with ophthalmoplegias of hysterical origin.

DR. SAMUEL D. RISLEY stated that he was very much interested in the papers, and that in his experience there was a relatively large number of cases, especially in young school children and other persons doing many hours of work daily at the near point, where a careful study of the ocular-balance

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would reveal a normal power of supraduction and infraduction, an actually diminished power of adduction, but who would, nevertheless, both with the Maddox rod and cover-test, exhibit well-marked esophoria. This contradictory condition will usually be found in association with either a spasm of or a diminished range of accommodation. In a few instances in his experience the anomalous condition had apparently been due to some foreign source of irritation, e. g., a uterine displacement.

DR. GEORGE E. DE SCHWEINITZ said, that in connection with the first case reported, he would like to call attention to the beneficial effects produced by the employment of large and increasing doses of tincture of hyoscyamus.

DR. GEORGE C. HARLAN had found that the great difficulty in cases of this kind was to discriminate between cause and effect, and that the majority of the various modes of treatment aim simply to relieve ever-varying groupings of symptoms. Dr. Risley believed that there was a special group of cases which were distinctly benefited by the systematic employment of adducting practice prisms. This type of cases, to which he has given the name of "Relative Insufficiencies," can be greatly relieved by prism training. In a second type, which he has denominated "Absolute Insufficiencies," he has found that there is no permanent result to be obtained from exercise treatment. Such patients may be taught to overcome high degrees of adducting prisms—40, or even sixty degrees—and then fall back to their original condition. He accounts for this by reason of anatomical faults such as abnormal tendon-attachment, inequalities in muscle-lengths, facial asymmetries, and osseous malformations, which, in some instances, in spite of operative interference, render comfortable binocular vision impossible.

DR. B. ALEXANDER RANDALL hoped that the terms now used to express the various condition found in this class of cases might be bettered, and he believed that a decided step in dealing with such matters would be taken were a better nomenclature generally adopted.

DR. MASON W. ZIMMERMAN exhibited a new light-screen for darkroom use designed to permit regulation of the amount of flame exposed, and, at the same time, to reduce general illumination of the minimum. To meet all demands of exact skiascopy there is a working disc carrying four circular openings, respectively, 5, 7½, 10 and 25 mm. in diameter, which are halted by a spring opposite the point of election in the flame. It carries two shutters: one is blank to prevent the escape of light when desired, while the other is fenestrated and provided with a backing of white porcelain glass, which gives a clear white image of the opening in the metal. The lamp is adjusted for the Argand burner, but can easily be made available for use with the newer "Welshbach."

The Section then went into Executive Session. Upon motion, adjourned.

CHARLES A. OLIVER,
Clerk of Section.

Special Regulations for the Second Pan-American Medican Medical Congress.

To Meet in the City of Mexico on the 16th, 17th, 18th and 19th of Nov., 1896.

ENROLLMENT.

Art. 1 In order to be properly enrolled, each member of the Congress will pay to the Treasurer thereof in the City of Mexico, the sum of five dollars gold.

GENERAL SESSIONS.

Art. 2. There will be one opening session, one closing and one intermediate session of a purely scientific character.

Art. 3. The opening session, which will be of a solemn character and presided over by the Supreme authority of the Nation, besides being attended by the members of the Congress, will also be attended by the members of scientific societies, and other distinguished persons who may be invited. The session will be opened with the report of the General Secretary.

This will be followed by a speech of welcome, pronounced by the President of the Congress.

Two members will then speak on scientific subjects, and they will be fol-

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lowed by a speech from the President of the Republic. It is strongly recommended that the scientific speeches should be of short duration.

The intervals between the speeches will be filled up with musical performances.

Art. 4. At the closing session, the General Secretary will notify the place designated by the Congress for holding the third meeting.

Art. 5. The Treasurer will present his accounts to the Congress, showing the disbursements made of the funds entrusted to his care.

Art. 6. A scientific speech will be delivered and a short speech by one Representative of each one of the nations attending the Congress.

Art. 7. In the intermediate session, four speeches will be delivered on general matters, by persons who are highly distinguished in medical science, and who, having been in due time invited to do so, have accepted the commission; one of these speeches being pronounced by a Mexican physician, who shall be invited to do so by the Committee of Management.

Art. 8. No discussions will be held in the General Sessions.

SESSIONS OF THE SECTIONS.

Art. 9. These sessions will be held from 9 to 12 a. m., and from 3 to 5 p. m., in the places that may be designated by the Organizing Committee. They shall be presided over by the President of each section, alternating with the Vice-Presidents of each one of the nations that are represented in the respective sections.

Art. 10. The person who may be appointed by the Committee of Organization, will be the ex-officio Secretary of each section, and he will fill his post alternately with the Secretaries of the nations who may be represented in the sections; but should the latter not be present, their places will be supplied by the President in office.

Art. 11. The President will direct the discussion in accordance with the order of the day, and will decide all questions that may arise, and that may not be provided for in these regulations.

Art. 12. The ex-official Secretary will make out the minutes, and for that purpose, beside his own notes, will collect those of the Secretaries who may have acted in the session. He will also collect from the persons who may have spoken, the written extracts referred to in Art. 19.

Art. 13. All questions relating to the debates which are not provided for in these Regulations, will be decided in

Art. 14. The voting will be by name or by putting the question.

PAPERS, EXTRACTS THEREOF AND DISCUSSIONS IN THE SESSIONS OF THE SECTIONS.

Art. 15. All papers will be presented in writing.

Art. 16. Each author will forward to the Secretary of the Organizing Committee in the City of Mexico and before the first day of August of the present year, an extract not exceding 300 words, of the paper to be presented by him. These extracts will be printed in English, French and Spanish and will be distributed to the members of the Congress, before the session in which they are to be read.

Art. 17. No paper will be announced which is not accompanied by this extract; but the authors who comply with these conditions, will have a right to have their work published intact in the transactions of the Congress.

Art. 18. The reading of the papers in the sessions must not last more than 20 minutes; when the papers are so long that they cannot be read within that time, the authors will give extracts from them, either in writing or by speech; but they will be published intact in the transactions of the Congress and in the language in which they have been written.

Art. 19. The extracts referred to in the preceding article will be delivered at the same time as the papers, to the Secretary of the Section of which they pertain.

Art. 20. The members of the Congress who may take part in the discussions in any section, will present their speeches in writing at the termination of the sessions, to the respective Secretaries of such sections and they will also be published in the transactions.

Art. 21. The papers which have been announced for reading in the order of the day in each section, will serve as subjects for discussion. In such discussions, no speaker will be allowed to speak more than once and for five min-

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utes; but the author of the paper under discussions, will be allowed to reply, if he considers it necessary, in one sole speech, which will not go beyond ten minutes.

AUXILIARY COMMITTEES IN THE MEXICAN REPUBLIC.

Art. 22. These Committees will be appointed by the Committee of Organization and will be composed of one member for each Local Medical Society, or in their absence, of one physician for every center of population. They will co-operate with the Committee of Organization in promoting the success of the Congress. Said Committees will be appointed during the first months of the present year.

EXECUTIVE COMMITTE

Art. 23. In order to form this Committee, the Organizing Committee will appoint seven members, including the President, Secretary, Treasurer, and the Mexican representative in the International Executive Committee, and such members will attend to everything relating to the business of the Congress in accordance with the regulations that they may adopt for that purpose.

DR. MANUEL CARMONA Y VALLE.
DR. RAFAEL LAVISTA.
DR. EDUARDO LICEAGA.

Mexico, January, 1896.

Vivisection.

(From the Minutes of the American Academy of Medicine for May 4, 1896.)

The following resolutions, presented by Dr. Gould, and recommended by the Council, were discussed and adopted unanimously:

Resolved, That the American Academy of Medicine desires to express its opinion that no legislation is required or desirable in the United States in regard to the so-called practice or subject of "Vivisection," and for the following reasons:

1. Because only by careful discrimination and collection of facts can public and legislative opinion be truthfully formed. To illustrate but a single of many popular errors upon this subject: the dissection or use of dead animals by scientific men is termed "vivisection, when the same proceeding carried out by the butcher, the hunter, the restaurant keeper, cooks, etc., does not enter into the consideration, neither do the cruelties in the use and keeping of domestic animals, nor those in the deaths of animals for other purposes than those of experimental medicine.

2. While admitting and deploring the facts of abuses in the past and in some European countries,—to a very limited extent also in America—it is the conscientious belief of the members of the Academy that at present with us such abuses do not exist, nor are they in danger of occurring, to a degree justifying or calling for legislation, as, under the circumstances, the evils that would inevitably result from such legislation would greatly exceed the benefits to be obtained by it. The charge implied or openly made that physicians, either in theory or in practice, are more cruel than other classes of the community, is a fancy or prejudice of ignorance which cannot be proved, and which we strenuously deny.

3. Legislation upon the subject of cruelty to animals should be so framed as to include consideration of cruelties infinitely greater and more extensive in many other fields of human activity at present not actively objected to by those who urge legislation as regards experimental medicine. Not only this, but legislation concerning these matters should be broadened out in order to prevent the destruction of species of birds and other animals by the votaries of fashion, by the hunters, etc., to prevent derangement of the delicate balance of animal and vegetable life upon which civilization ultimately and largely rests, to prevent deforestation of the head-waters of our streams, to establish Sanctuaries or Resorts for animals, and many such biologic requisites,—as also to establish such arrangements with other nations as will ensure their permanent and extensive effectualization.

4. Legislation upon a subject of vital importance to a peculiarly technical branch of science should be framed under the guidance and by the aid of those who by education and experience are alone fitted and capable of forming and expressing sound judgment upon it, i. e., the experts in the special subject. It would be as absurd to have legislation as to vaccination, inspired and

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shaped by laymen who were anti-vaccinationists, without weighing the opinion of the medical profession, as to allow legislaton upon the question of vivisection by laymen who are anti-vivi sectionists, and even inexpert in any branch of inductive science.

5. The American Academy of Medicine therefore urges its members and physicians generally to write to their representatives in Congress (or where ever legislation of the kind in question is proposed), and otherwise seek to influence public and official opinion against the passage of a particularly ill-advised bill before Congress, to-wit, Senate Bill No. 1552, introduced by Mr. McMillan, entitled "A Bill for the Further Prevention of Cruelty to Animals in the District of Columbia." In the opinion of the Academy the passage of this bill would be harmful to the true interests of medical and social science and to the public health.

FORTNIGHTLETTES

Jefferson Medical College graduated 227 physicians May 15.

M. A. Rainer has bequeathed 2,000,000 francs for the establishment of a physiological laboratory in Brussels.

The Des Moines Medical College has received a donation of $20,000. The donor declines to have his name made public.

Professor Ehrlich has been appointed Director of the new State Institute in Berlin for the testing of therapeutic serum, and of the laboratory attached thereto.

Dr. J. B. Ransom, physician to Clinton Prison, New York, has reported favorably upon the use of Aseptolin in the treatment of tuberculosis. He has used it in fifty-seven cases, and says "it is a remedy which, if properly used, has a constant and prompt action."

Dr. Hiram Corson, the well known and venerable physician of Montgomery County, Pa., died on March 4th, aged 92 years. He graduated from the University of Pennsylvania in 1828. He was a member of many medical societies and was noted for his persistent advocacy of blood-letting pneumonia.

MEDICAL STUDENTS IN VIENNA.

Acording to a report which has just been published ,the Vienna School of Medicine was attended by 3,674 students during the past winter half year.

DISAPPEARED.

J. C. Powell, who failed to pass the examinations of the state medical school at Portland, Ore., disappeared after getting the notice of his failure. He was much depressed at the results, and it is feared he has committed suicide.

SERUM TREATMENT FOR LEPROSY.

The successful serum-treatment of leprosy in fifteen cases is reported by Carrasquilla of Bogota, South America. Marked effects occur after the first injection, and sensibility, appetite, and cheerfulness soon return.

AFTER THE MICHIGAN IRREGULARS.

The medical men of Detroit, Mich., organized themselves into a league some time ago and on May 21 they perfected their organization. The purpose of the league is to draft a bill and to influence legislation to get the same passed and signed by the governor, that will debar from practice in this state all who attempt to come here and practice without due qualifications.

A GIFT TO COLUMBIA.

The chemistry building for Columbia University is to be erected as a memorial to the late Frederick Christian Havemeyer. President Low has received a letter presenting the building, which is to bear the name of Havemeyer Hall. The gift is made by the sons and daughters and nephews of Mr. Havemeyer.

KITSON VS. PLAYFAIR.

This case which attracted such wide attention from both the profession and the public, on account of the important questions of medical ethics involved, and of the large amount of the verdict, $60,000, returned by the jury at the trial, has been settled out of court, according to the lay press, by the payment by Dr. Playfair of $42,500 and the costs of the case, which amount to about $10,000.

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Reports on Progress.

COMPRISING THE REGULAR CONTRIBUTIONS OF THE FORTNIGHTLY DEPARTMENT STAFF.

Genito-Urinary Surgery and Venereal Diseases

BY BRANSFORD LEWIS, M. D.,

Translations from the French by RUTHERFORD GRADWOHL,

SAINT LOUIS

Treatment of Buboes.

Dr. Edward Martin, in the Philadelphia Polyclinic of March, 1896, discusses the treatment of buboes as related to their pathology. Whether from chancre, chancroid, gonorrhea, or strain, the pathology is practically identical, and treatment should be on similar principles. His routine treatment is as follows:

1. Prophylactic. — Any suppurative lesion of the penis or region drained by inguinal lymphatics is kept scrupulously clean and thoroughly drained. External lesions are best cleansed by sprays, which are more penetrating and less irritating than any other mode of cleansing.

Of solutions to be applied locally by cotton wads we have choice of carbolic acid, 1 per cent, in normal saline; silver nitrate, 1 per cent; hydrogen dioxide, at half strength.

First spray the lesion with hydrogen dioxide; follow with the application of the antiseptic. If there is a tendency to over-secretion, black wash on cotton wads, renewed at each act of urination, is perhaps best.

If sub-acute, a stimulating powder—iodoform for chancroid, and acetanilid for other lesions—is indicated. Keep cleansed by the spray at least twice a day. The secret of success in prophylaxis lies in cleanliness and drainage.

2. Abortive Treatment.—In its early stage, i. e., twenty-four to forty-eight hours from the time it becomes painful, efforts at abortion may be made. Put the patient in bed, and open his bowels by a saline. Apply a compress of eight or ten layers of gauze, wet with a weak solution of lead subacetate, and held in place by a spica firmly applied. Over this apply a hot-water bag. If, after twenty-four hours, the symptoms have not abated, and more especially if they are augmented, operative interference is indicated. This consists of free incision, dissecting out the bubo and closing the wound without drainage. This should be done under the very strictest aseptic and antiseptic precautions.

Early operation favors primary union of the wound, and the long course of a suppurating bubo is prevented. But if, as frequently happens, the patient is first seen when the bubo is already suppurating, but the skin is still intact and healthy, the same care in the sterilizing of the integument is exercised, the abcess opened by a tenotome, the pus evacuated, the cavity washed out with carbolic acid, 4 per cent, or mercury bichloride, 1-2,000, a compress and spica are applied. If the cavity refills with pus, the same process may be repeated, but if it persistently refills, it should be opened freely, curetted, packed and allowed to heal from below.

Should the skin over the bubo be broken, or threatening to break, open freely, curette, pack from below and enucleate all enlarged adjacent glands.

Primary Ephithelioma of the Urethra.

Dr. Wasserman (Revue Internationale) reports forty-seven cases of primary epithelioma of the uretha, twenty among men, twenty-four women, and three cases of carcinoma of Cowper's glands. Stricture and chronic blenonhagic diseases were the principal causes of these forty-seven cases. The plan of treatment varied from resection of the uretha, amputation of the penis, to total emasculation. Dr. Wasserman, as a palliative measure, for women, resorted to the formation of an artificial vesico-vaginal fistula, by a suprapubic cystotomy.

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Traumatic Stricture of the Urethra.

Guyon (Clinic of Necker) reports the following: The patient met with a considerable traumatism fifteen years ago; the accident occurred at a dockyard. From this time he complained of difficulty in micturition, accompanied by partial retention, without hematuria; but two years ago, he began to experience great pain on micturition, with complete retention, so that aspiration had to be resorted to. The curious part of this case is its slowness in developing; Dr. Guyon explains this by saying that the bladder was so strong that it had made another urethra for the passage of urine when the accident closed the original canal, and that this new urethra afterwards closed, thus making micturition impossible.

Surgical Treatment of Hydrocele.

Dr. Bourguinaud recommends an antiseptic incision in preference to all other methods of surgical treatment. The procedure is as follows: (1) Anesthesia by cocaine, or chloroform, with an aseptic field of operation; (2) a successive section of the different layers of the tunica vaginalis; (3) decortication of the tunica vaginalis; (4) resection of the epididymitic edges; (5) a good, careful cleansing of the edges of the section (wound) with the thermocautery; (6) re-assignment of the testicle further up, with suturing of the superficial layers by means of silk, or Florence horse-hair; ending with a careful antiseptic dressing of the wound. Dr. Bourguinaud thinks this is the best treatment, both on account of rapidity of cure and scarcity of relapses.

Chronic Incomplete Retention of Urine, with Distention, Treated Successfully by Catheterization, Progressive and Antiseptic.

A patient of eighty years, having incomplete retention, with great distension, the bladder sometimes reaching to the umbilicus), after being almost reduced to a cachectic condition bordering upon urinary intoxication, was promptly relieved and cured by a rigorous and especially antiseptic catheterization. He escaped without vesical infection. (Dr. Michou.)

Nephrotomy in Nephritis.

Translated from Revue Internationale

Reginald Harrison reports three cases of nephrotomy in diseases, characterized by albuminuria, renal pain and congestion and hermaturia. In each case exploration and incision of the kidney showed no surgical lesions, there was nothing but severe congestion. The results were, however, very satisfactory; the symptoms disappeared at the same time as the albuminuria, and excellent health ensued. In short, incisions are indicated in all cases of intense nephritis coexisting with severe renal congestion..

Nephrectomy

(In L'Union Medicale, March 21, 1896.)

Prof. Trendelenburg considers the transperitoneal method the best for nephrectomy when there is an enlargement of the kidney. The lumbar method should be employed in cases of tuberculous lesions of the kidney, myelonephritis, etc., where the kidney contents are dangerous to the peritoneum. Nephrectomy has been performed twelve times by him for tumors, resulting in success in six instances. In one instance the left kidney was diagnosed tuberculous, and was removed, but a later examination showed the kidney normal, the site of the lesions being the left ureter. Again, vesical symptoms were such that a suprapubic cystotomy was made, removing a part of the ulcerated kidney; this ulceration, however, was not tuberculous. Five nephrectomies for tuberculosis have resulted favorably. In severe cases of hydronephrosis and pyonephrosis Professor Trendelenburg thinks that immediate action is indicated.

Treatment of Gonorrhea by Airol.

Drs. Legeue and Levy have obtained some very good results in the treatment of gonorrhea by an emulsion of airol in glycerine and water (glycerine 15 gm., aqua, 5 gm., airol, 2 gm). The method of procedure is to first irrigate the anterior uretha with a solution of boracic acid, and then follow this with an injection (10 cubic centimetres) of the emulsion of airol. The method is painless, and so far has been successful in a great many cases.

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The Reviewer's Table.

Books, pamphlets, instruments, etc., for this department, should be sent to the Managing Editor, Saint Louis.

SYPHILIS IN THE MIDDLE AGES AND IN MODERN TIMES.—By Dr. F. Buret, Paris, France. Translated from the French, with notes, by A. H. Ohmann-Dumesnil, M. D., Professor of Dermatology and Syphilology in the Marion Sims Medical College; Consulting Dermatologist to the St. Louis City Hispital, to t heSt. Louis Female Hospital; Physician for Cutaneous Diseases to the Alexian Brothers' Hospital; Dermatologist to the Pius Hospital, to the Rebekan Hospital, to the St. Louis Polyclinic and Emergency Hospital, etc. Being Volumes II and III of "Syphilis Today and Among the Ancients," complete in three volumes. 12mo, 300 pages. Extra cloth, $1.50 net. Philadelphia: The F. A. Davis Co., Publishers, 1914 and 1916 Cherry Street.

While it cannot be said that the existence of syphilis in prehistoric or ancient times, or in the pre-Columbian period, has been indisputably proved in this work, still that doesn't detract from the historical interest or its value as a collaboration of material, both medical and lay, bearing on the history of syphilology. Evidently, a vast amount of material, inaccessible to the ordinary reader, has been personally examined by the author, who has not only adapted such material to the uses of his purpose but has printed it both in the original language and in English translation. Dr. Muret deserves a full meed of thanks for his great energy bestowed on the collaboration and production of this work. The translator has done more careful work i nthis than in the previous volume; and to him, too, is appreciation due for placing this interesting material within the reach of English readers.

BRANSFORD LEWIS.

ELECTRICITY IN ELECTRO-THERAPEUTICS.—By Edwin J. Houston, Ph. D., and A. E. Kennelly, Sc. D. Cloth, 412 pages, 128 illustrations. Price, $1.00. The W. J. Johnston Company, Publishers, 253 Broadway, New York.

"Electricty in Electro-Therapeutics" comes from the pen of acknowledged highest authorities.

Prof. Houston has served two terms as president of the American Institute of Electrical Engineers, and is a co-inventor of the well-known Thomson-Houston system of electric lighting. He has given special attention to electricity as applied in electro-therapeutics, in which department he is a lecturer in medical courses.

Mr. Kennelly has made many contributions to the higher branches of electrical science, and at the same time is widely known from his connection with its practical application. For many years he was the principal assistant of Thomas A. Edison, and is the inventor of several pieces of commercial therapeutic apparatus.

This book will prove valuable in that it makes the battery a thing to know, and electricity an agent to use intelligently. All the details of all the fundamental electrical principles of electro-therapeutics are presented, and so happily worded that it is very easily understood. The book is very handsomely gotten up, but its chief beauty will be discovered only by reading its pages. H.

DIETS FOR INFANTS AND CHILDREN IN HEALTH AND DISEASE.—By Louis Starr, M. D., Editor of American Text Book of the Diseases of Children. Philadelphia: W. B. Saunders, 1896. Price $1.25 net.

We are pleased with this practical arrangement, which, in view of the present teaching of artificial feeding is eminently scientific. It is time that physicians were giving more attention to infant feeding than they do. If every physician could have a copy of this diet list and would use the prescription blanks, there would be a saving of time, comfort, happiness and even life. We endorse this book as one worthy of wide circulation, and it should be in the hands of every physician treating infants and children.

WONDERLAND '96—By Olin D. Wheeler, Picturing the Country, Cities, Resorts and Game found along the Northern Pacific Railway.

The Northern Pacific tourist book for '96 is a marvel of interest and beauty. Most of the tourist literature of the railroad companies is nothing more than a repetition year after year, of the same text with newly-designed covers and illustrations, but each year's "Wonderland" book is entirely new in name, design, illustration and text. That this can be done year after year, and done successfully, speaks volumes for the wonderful scenery through which the road runs.

The Northern Pacific has developed the great Northwest and has made its beauties accessible to the tourist. Their excursions are so admirably arranged that travel in this "Wonderland" of ours is already rivaling foreign travel with the tourists. H.

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Correspondence.

LONDON LETTER.

I have to chronicle the deaths of two eminent members of our profesison, Sir J. Russell Reynolds and Sir George Johnson.

Sir Russell Reynolds received his medical education at University College, where he had a distinguished career, and graduated M. D. at the University of London. He became successively assistant physician to the Hospital for Sick Children, to Westminster Hospital, and finally to University College Hospital. At the latter institution he also held the post of professor of clinical medicine. His specialty was diseases of the nervous system, to which branch he made many valuable contributions. He became president of the College of Physicians on the death of Sir Andrew Clark in 1894, in 1895 he was created a baronet, and in that year presided over the meeting of the British Medical Association. He died on May 29th, after about a month's illness, after completing his 68th year.

Sir George Johnson passed away on June 3d, in his 78th year, after only 48 hours illness. He was educated at Kings College, and was physician and professor of medicine at Kings College Hospital. His best work was done in connection with kidney diseases and with cholera. He maintained that the cardiac changes in contracted granular kidney were secondary to hypertrophy of the muscular coat of the arterioles, while for cholera he recommended a preliminary dose of castor oil, which earned for him at one time the nickname of 'Castor-oil Johnson."

A report on the antitoxin treatment of diphtheria at the Glasgow Fever Hospital has been published by Dr. Marsh. The number of cases treated was 179, with 25 deaths, a mortality of 14 per cent, whereas the previous mortality has never fallen below 35.5 per cent. This splendid result is not due to any alteration in the type of the disease or in the age of the patients, for the returns of the sanitary authority for the city show that the case mortality presents no variation from the two preceding years. The contrast between the abrupt fall in the case mortality of the antitoxin-treated hospital cases as compared with the unaltered percentage of the un-antitoxin-treated home cases is very striking. More than double the number of tracheotomy cases recovered with antitoxin compared with previous results. The fatalities arising from faucial and laryngeal diphtheria admitted in 1895 are represented by the figures 3 and 29 per cent, and for the two preceding years—1893 and 1894—by 11 and 68 per cent and 17 and 69 per cent respectively.

Dr. Beatson recently read a remarkable paper on the treatment of inoperable cases of cancer at the Edinburgh Medico-Chirurgical Society. His method seems to be applicable only to female patients before the menopause and in cases of mammary cancer. Three patients were alluded to: (1) a married woman at 33, carcinoma left breast. Breast, axillary glands, and part of pectoral muscle were removed but the disease recurred three months later and the case was considered hopeless. Under the treatment the malignant tissue has disappeared and now at the end of twelve months she appeared practically well. Two other cases of mammary cancer were much improved. Dr. Beatson's treatment is to remove the ovaries and tubes and push thyroid feeding.

In conclusion allow me to express our regret at the recent calamity which has overwhelmed St. Louis and our hope that The Medical Fortnightly, its staff and offices escaped unharmed.

Richard T. Hewlett.

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Medical Melange

BALTIMORE HOSPITAL FOR THE RELEIF OF CRIPPLED AND DEFORMED CHILDREN has been incorporated. Dr. R. Tunstall Taylor is the Surgeon-in-Chief.

ANTITOXIN IN JAPAN.—Before the introduction of antitoxin in Japan the death rate was 56.54 per cent. Based upon 353 cases treated by serum injections, the death rate was only 8,78 per cent.

THE DENTAL DEPARTMENT of Western Reserve University has just issued a new catalogue. A unique feature is a blank certificate of moral characte, the use of which by every prospective student is insisted upon.

A NEW HOSPITAL FOR CHILDREN AT PITTSBURG.—Henry C. Frick, chairman of the Carnegie Steel Company, will build a hospital for children on Squirrel Hill, Pittsburg, Pa., within a year, to cost $500,000. The Protestant Episcopal Church will conduct the hospital when completed.

NEW PROFESSORS.—The Medical Department of Western Reserve University has announced the election of Dr. Edward F. Cushing to the chair of Diseases of Children; Dr. Chas. F. Hoover to the chair of Clinical Diagnosis, and Dr. William H. Humeston associate to the chair of Gynecology.

OHIO'S ANATOMICAL BOARD.—The bill establishing a State Anatomical Board, to be composed of the teachers of anatomy and surgery in the medical schools of the State of Ohio, was introduced in the Legislature early in April. It unfortunately, however, met with an indefinite postponement on April 18.

KENTUCKY MEDICAL ASSOCIATIONS.—The Southern Medical Association held its third semi-annual meeting at Russelville, May 12–14, with about eighty members and a number of visitors from Tennessee present. The following are the officers: President, Dr. D. G. Simmons, Adairsville; vice-president, Dr. H. C. Cartwright, Bowling Green; secretary, Dr. R. W. Frey, Trenton; treasurer, Dr. C. G. Mosley, Casky.

ICE WATER WITHOUT ICE.—Here is a wrinkle, how to get ice-cold water in places where there is no ice. Wrap a porus jug in wet flannel; wrap it all around, leaving no place exposed to the air; place it, filled with water, in an open window exposed to all the air there is. Keep the flannel wet. In an hour the contents of that jug will be as cold as if they had been iced.—*Confectioners' Journal, Bul. Pharm.*

"GIVE CREDIT WHERE CREDIT IS DUE."—It is a source of some satisfaction to have the drawings which appear in the MEDICAL FORTNIGHTLY reproduced in contemporaneous journals, but we think in so doing credit should be duly acknowledged. The *Retail Druggist*, of Detroit, has seen fit to reproduce Dr. Crusius' drawing, "Shadowgraphs of Heads taken by Roentgen Rays," but says not a word about being copied from us. Come, neighbor, play fair, acknowledge your error, and let the game go on.

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PROF. J. FORSTER of Amsterdam, Holland, has received a call to the chair of Physiologic Chemistry at Strassburg, Germany, occupied for 25 years by the late Felix Hoppe-Seyler.

THE CZAR has placed his name on the list of the Russian Red Cross Society, as the first among the "active members," and the Czarina has become an honorary member of the society.

MUST HAVE A LITERARY DEGREE.—The University of Paris will hereafter require of foreigners the possession of a literary degree as a prerequsite to graduation from its medical department.

THE ZUMO PHARMACAL COMPANY, of this city, is issuing a very useful souvenir to its friends in the profession, in the shape of an elegant aluminum prescription book. Unlike many souvenirs, this one is built for use, and we will take pleasure in using the one we were so fortunate as to receive.

AN OUTING ON THE NORTHERN LAKES is the most delightful prospect during the heated term, and no one needs a trip more than does the doctor. Take a week off, and board the palace steamship Manitou at Chicago. Runs three times weekly to Mackinac and Petosky. See announcement in this issue.

WE have on previous occasions referred to the efficacy of *The Alkaloidal Clinic* as an advertising medium, and the fact that we just received through our announcement in that magazine, a subscription from China, lends additional strength to our conviction. The circulation of the *Clinic* is evidently not confined to America, but it is not surprising, for Dr. Abbott has a habit of issuing a very attractive and intensely interesting monthly.

Drevet Co. vs. Beach—It is gratifying to note the recent decision of the U. S. District Court of Ohio, in restraining the sale of a fraudulent imitation of glycozone. The nefarious scheme of this man Beach is shown in the following bill: "Now, therefore, it is hereby ordered, adjudged and decreed that an injunction be issued pursuant to the Complainant's bill, strictly commanding and enjoining the said defendant, A. P. Beach, his clerks, agents or workmen, under the pains and penalties which may fall upon them, and each of them, in case of disobedience, that they forthwith, and until the further order, judgment and decree of this Court, desist from making and selling a liquid preparation put up in bottles with labels applied thereto, bearing the name of "Glycozone," or in any manner using the name "Glycozone" in circulars or labels put out by him, referring to the said standard preparations of said Charles Marchand, in connection with instructions for the use of said product "Glycozone" as a preventive of conception or in any manner connecting it with the use of his so-called making or selling, or causing to be sold in connection with said Applicator, or using, or prescribing its use as a preventive of conception, or in any manner using, making or selling, or sending out circulars giving directions to use "Peroxide of Hydrogen" (Marchand's Medicinal) in connection with the use of said "Applicator" as a preventive of conception, and that defendant deliver up to be destroyed, or destroy all bottles, labels, circulars or other things containing complainant's trade mark."

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CHARLES WOOD FASSETT, - Secretary and Business Manager.

A COSMOPOLITAN BIWEEKLY FOR THE GENERAL PRACTITIONER.

THE MEDICAL FORTNIGHTLY is devoted to the Progress of the Practice and Science of Medicine and Surgery. Its aim is to present topics of interest and importance to the General Practitioner, and to this end, in addition to a well selected corps of Department Editors, it has secured correspondents in the leading Medical centers of Europe and America. News of Societies, and of interesting medical topics cordially invited.

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Volume X. **JULY FIFTEENTH.** **Number 2.**

Editorial Department.

Personal Purity.

EVERY physician, possessed of the true conception of his calling, must have had thoughts on personal purity, inasmuch as his experience, sooner or later, convinces him of the enormity of immorality, and how much disease is dependent on its universality. Every community, even the remote rural districts, have this canker, the "worm in the bud," eating away at the soul of humanity. That it is an evil widespread and alarming in its consequences, and one which from early history, has been man's worst enemy, and one, too, wholly within his power to abate, we are powerfully aware.

The subject of personal purity, alas, is seldom, if ever, referred to by the parent in his instruction to his child, even Polonius in his precepts to his son, which, indeed, are among the choicest of things good in Hamlet, did not caution him as to keeping his body pure. St. Augustine, the greatest of the Latin fathers of the Christian church, in his impressions, tells us of the experience in his youth in contact with unholy love, wherein he "was scourged with the iron burning rods," and "was brought to the treacherous abyss" for "desiring to compass a business deserving death for its fruits." He had never been instructed regarding personal purity,

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although a loving mother did much to eventually rescue him from the path of evil he was pursuing. We need not go back in history to speak of the lack of instruction, for I dare say that in ninety-nine families out of a hundred, nothing is ever said on the subject, and when allusion is ever made to it, a feeling of shame, of embarrassment, etc., is immediately noticeable. This intense false modesty, precludes the instruction on what I consider the the most vital subject in the life of the youth, and parents have in many instances but themselves to blame, for the false steps made by their son or daughter. Physicians share in this responsibity, for as advisers of the family, they owe their patrons the duty of forearming the parents with scientific facts, so they can in turn instruct their children. Dr. Howard A. Kelly, a man whose professional attainments and standing place him among the foremost in the medical profession in the world, has in his masterly address on "Personal Purity," delivered before a lay audience in Baltimore, established a precedent for the leaders in medicine to follow, viz., instruct the masses. Dr. Kelly has in this address, published in *The Health Magazine*, given thought on personal purity, which we wish we could publish in full, but space forbids. His points, briefly, are as follows:

"It is man who sustains prostitution; if its maintenance was left to the active efforts of women, it would sink into insignificance. Every community is just as pure, or as impure, as the men make it. The instincts of women are for purity and the natural outlet of the affections in family life, and men have to prevent this before they can induce them to become prostitutes. Woman prostitutes, as a rule, are from the lower classes of society, where the hope of children does not enter so largely into a woman's life. Men prostitutes, on the other hand, are generally from the higher walks of life, and this gives the foundation to the double standard of morality, which in fact, is the cause of much prostitution." Dr. Kelly is opposed to licensing the evil, and points to the revolting experience here in St. Louis 1870–74 as an evidence of its evil. He says laws regulating vice, condone it, they apply only to one sex, and that to the minority, and such laws are unscientific, because they have proven over and over again that they only aggravate the evil—they encourage indulgence from those who through fear would be more considerate; they are oppressive and unjust to women, and no tax should be levied for the support of a vice that is responsible for the worst crimes against the social order. Again, he thinks the growing recognition of woman will assist to regulate the evil, by opening new avenues for employment of women, and by securing the advantages of training, etc. Personally, we believe the greatest good can be obtained by education, and let us have taught to our children in the public school, if need be, the functions of the human body. We legislate to teach the evils of alcoholism in our public schools, but how more important is it that our children know their own bodies; "forewarned is forearmed."

Drop this eternal, or rather infernal, false modesty and talk about this besetting evil. Dr. Kelly reminds us that the whole length and breadth of our land is interpenetrated with the rootlets of this gigantic evil, and that it is the devil who says: Don't talk about prostitution, it is an improper subject. The righteous man should say instead, I will talk about it, and fight

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it until it has been destroyed, root and branch. Every man should determine to keep his body in subjection, and resolved to do missionary work in this great cause. It is just here where the physician comes in; he it is who knowing the evils, the dangers from the physical, as well as the moral, is pre-eminently the one to teach wherever he can, the blessings of social purity. Let us resolve to do this. F. P. N.

PREJUDICE dies hard. It is like the black cat with nine lives—always serenely setting on your door-step when you arrive home from "having drowned the blame thing." Missouri has such a cat, and especially have the hotel-keepers of St. Louis, who revived the old color line and enforced it to the letter, the result is, that the late Republican convention, while it has advertised the merits of St. Louis, has more prominently than all the good things said about it, heralded throughout this free land of ours, that St. Louis has a color-line. She is living in the "old days befo 'de war," and her hospitable latch strings hangs out for white men only. Such men as Lynch, Deemas, Vance, Wright and others—men the equal and, I dare say, the superior in intelligence, courtly manners and other evidence of a gentleman, to three-fifths of the delegates present, and yet, they find *no admittance* when they apply for accommodations in the hotels. Thanks to a medical man (colored) accommodations were secured for these citizens; they at least received homage from their own race, but the white man passed on the other side. This event in the St. Louis convention will travel and re-travel throughout the length and breadth of this land, only to come back upon the city as a survival of old racial prejudice, and consequently a stigma of scorn and ignominy. Such a rebuke is right, for this country of the people, for the people and by the people, needs no color line. It is a survival of things long since paid for by blood and carnage, so let peace and brotherhood wipe out this strife, give honor to him who deserves it, and let the fact that a gentleman may be found under a pigmented skin, be indellibly impressed upon us.

The Color Line.

F. P. N.

THE metric system still continues to agitate the medical mind. We hear of legislation designed to make it the legal standard of measurement and the drafting of resolutions to make it the accepted system of societies, etc., but still it is not, nor will it ever be, universally adopted. Why? Because it is impractical, and any one who has much to do with figures, has learned that in the division of a unit, the fractional parts thereof must be in ready form for practical use. On this ground alone, Herbert Spencer has contributed his mighty influence against the adoption of the metric system. He says it is artificial and unsatisfactory, ten being divisible by only two numbers, two and five, and in one case the result is fifths, which are practically useless in the every-day life of the people.

The Metric System.

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The decimal system is similary objectionable, he contends, because it has an imperfect fourth and a more imperfect third, both of which are desirable in ordinary transactions. He regards twelve as one of the most favorable numbers, as it is easily divisible into groups of units for popular use; and for illustration he cites the quotations of the New York stock market, where dollars and tenths of a dollar are not used, but dollars, halves, quarters and eighths.

When we consider the practical usage of the metric system in medicine we find it open to the same objections, as in other departments of science where figures are used.

On this ground we favor the maintenance of our present system of weights and measures. It is practical, saves time and labor. F. P. N.

CHARLES READE in his novel, "Put Yourself in His Place," has strikingly shown the tendency of "the Trades" to stick to the old methods; to be satisfied to let well enough alone, and above all, an intensity of bigotry which would sacrifice human life rather than give up the old for the new. Now, "the Trades" are not the only occupations of mankind that are hampered by this "millstone around the neck," for the professions are burdened by tradition, precedent and old practices. The law is proverbially attached to precedent, and renders decision after decision upon bigoted principles, which progress has long since shown to be false.

Bigotry in Medicine.

Theology again, is strikingly a follower of established principles, and would rather die in support of mistaken conception, than to look out upon this beautiful world of ours and see that divine love rules, rather than the bigoted creeds of man.

Medicine has its barnacles which impede progress, and while the staunch old vessel has not become water-logged, yet it has been hampered by the indomitable presence of bigoted barnacles, which cling closely to its very sides, and would rather sink it than see its ability for greater things increased.

Let us see what some of these barnacles are, and how they influence progress. The first is the division of medicine into so-called schools—which the laity are pleased to style the old school and the new school, or which Hahnemann called allopathy and homeopathy. Before Hahnemann, however, deplorable controversies had existed for centuries, dividing the medical schools of Europe, and as one doctrine after another was brought forth to bloom in ephemeral splendor, it would then go down to oblivion, overthrown by another scholastic revolution. Now, when Hahnemann's theory was announced to the world, it created the same sad havoc as had all previous doctrines, and as is the case when any new theory is advanced, whether it be in medicine, law, theology or politics, it will find adherents, proselytes come to it, and soon are as fanatical and self-assertive as are the adherents to the old faith, opposed to such belief. What is the result? Antagonism. There may be a few opponents who propose to investigate

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dispassionately before they enter into controversy, but when they do, their arguments are more weighty, their reasoning more astute and convincing, than the Micawbers, who are glad to see something new "turn up," at once go off on a tangent and cannot return to the main track of the argument; they are the ones who are fit subjects for an insane asylum, because their reasoning is soft, superficial, fluffy and chaotic. Naturally errors are plentiful, and deductions too often so absurd as to be not worthy of consideration at all, are placed as new truths in medicine. From such reasoning has sprung the present antagonisms in medicine, the foundation of modern medical bigotry.

We admire scientific controversy, it is the soul of medical progress, but we cannot favor the despotic sway which leaders wish to impose on us, when they have to resort to violence in words, actions or deeds, because we do not coincide with their beliefs. Because some association of new advance doctrines, claims their experience justifies them in believing they are true, is no reason why they should try to impose this belief on me and ask me to accept, without first investigating it myself. They claim I am bigoted, because I wont do as they say. On the other hand, if I do follow their views and find their belief to be untrue, and that the accumulated experience of many others also disproves their assertions, and I so express myself, I am at once called a bigot by them. While I--well I may conclude there is bigotry somewhere else. Especially does this apply, as before said, to the division of medicine into so-called schools. The homeopathic doctrinarians represent today the most consummate evidence of bigotry with which medicine has ever had to deal. For the theorist, Hahnemann, has never yet had his doctrines proven, and yet this nineteenth century has had these absurd and visionary, paranoical conceptions of his to contend with, and the name, Homeopathy, is still with us, and flourishing like the green bay tree, although its practices are essentially those of rational medicine. It lives on a name, feeds on the credulity of the people, but depends for its real existence on following rational therapy. That homeopathy has affected the practice of medicine there can be no doubt, but it has been along the lines of the mode of administration, rather than the agents used. Homeopathy itself has never made any advancement over the old doctrine of Hahnemann, unless it be in dropping his absurd theories and practicing rational medicine. Surely, they have not created anything themselves, for as Gould says: "Not an instrument, not a bacillus, not a ptomain, not a single measure of genuine therapeutics or experimental research, not a single discovery of the thousands that make up the body of modern scientific medical truth and power, not one was ever discovered by a homeopath."

During the past few years a new school of surgeons has sprung to life which is under the wing of the homeopath, viz., the orificial surgeon. Founded upon one of the most absurd doctrines which the much abused reflex theory has ever germinated, it resembles the theories of the Magi and Chaldeans, who pretended that every sublunary body was under a planetary influence. While the orificial surgeon fixes all phenomena of disease as due to reflex conditions emanating from the much abused rectum. And they, by their miraculous practices, can outshine the Druids of Gaul, or the shrine of Lourdes.

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This mere stretching of the sphincter, conducted with all the assurance of perfect restoration of health, obtainable under such circumstances, differs not one whit from the practice of Pyrrhus, of whom Plutarch says: "He cured persons with diseased spleens by passing his hand over the seat of the malady;" nor from the practices of St. Bernard, who never failed to cure, by making persons swallow some water in which he had dipped his hands; nor St. Martin, who checked hemorrhage by merely touching the garments of the patient, nor the great later day saint, who lives, flourishes and breathes amid the free atmosphere of Missouri, the much venerated St. Still of the Kirksville shrine.

The progress of intellect during these centuries, from St. Bernard to St. Still, has not been very great after all. The dark clouds that shrouded the middle ages in superstition and credulous prejudices, and the belief in the supernatural, in the mysterious, which priests had for so many centuries usurped as their special gift and property, still exists. It has not been transferred from the priesthood altogether, for Schlatter and Shrader pose as divine healers, and are believed, but the medical profession have largely confiscated the salutary emanations of the imagination, and converted them into therapeutic measures, with thousands of witnesses to testify to their efficacy.

Now, are we to believe in these fellows? Are we to believe in their practices? Do they themselves believe in them? Our answer is, if we hope to be called sane, rational and scientific, we must differ in our beliefs. But they DO believe in their themes. Now, who is the bigot? and are we authorized to say, that they are bigoted? Yes, by all means. The doctrines of these so-called new schools are visionary, fraudulent, and if they do say our inventions are like the sun spots, destined to be transient obstastacles of the true light, we will answer, that science with its true refulgence casts the "X rays" upon their dark human understanding, and this harbinger of truth shows it is all bigotry, which, despite ridicule, contempt and absurdity, continues to thrive on the power of sympathy, of imagination and faith.

"Where ignorance is bliss it is folly to be wise," but can we in truth, in honesty, in love for the science and love for fellow-men keep silent while this evidence of bigotry in medicine lives? Many of the human race today are as they were when Paracelsus (in 1493) said: "All doubt destroys work, and leaves it imperfect in the wise designs of nature. It is from faith that imagination draws its strength. It is by faith that it becomes complete and realized. He who believeth in nature, will obtain from nature to the extent of his faith. Let the object of this faith be real or visionary, you nevertheless reap similar results, and hence the cause of superstition."

We believe homeopathy, its derivatives, and the countless other divisions of medical practice (osteopathy being the latest to ask for public approval), are the greatest evidences that bigotry exists in medicine. All are founded on the same old rock—imagination, coupled with practices appropriate to arouse this imagination. They have naught else to create interest, and while we do not say that all who practice or support such practices are fools or knaves, we do say, they are decidedly unscientific, easily duped —well, in short, are bigoted, and are followers of an ill-founded faith.

F. P. N.

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Original Department.

PAPERS for the Original department should be in hand one month in advance, and contributed to THE MEDICAL FORTNIGHTLY exclusively. A liberal number of extra copies will be furnished authors, and reprints may be obtained at reasonable rates, if request accompanies the manuscript. Engravings from photographs furnished free. ☞ Signature of contributor, for reproduction, should be sent with every article, on a separate slip; use heavy ink, and allow autograph to dry without applying blotter.

How to Teach Medicine and Surgery

A Symposium.

PART II.

Obstetrics Teaching.

BY CHARLES JEWETT, A. M., M. D.,

BROOKLYN, N. Y.

Professor of Obstetrics and Pediatrics, Long Island College Hospital; Obstetrician to the Long Island College Hospital; Consulting Gynecologist to Bushwick Hospital and to King's County Hospital.

[*Written expressly for The Medical Fortnightly.*]

IN obstetrics, as in most other departments of medicine, no system is complete which does not include both didactic and practical instruction. Text-book and lecture must be supplemented by demonstration and practice. The former are essential to a comprehensive and systematic conception of facts and principles; the latter, indispensable to a working knowledge of them.

So far as possible it is best that both plans of instruction should go hand in hand in parallel courses. It is a distinct gain for the student if text-book and *viva voce* teaching can be constantly elucidated and enforced by objective illustration. Facts and methods are most easily learned and most firmly fixed in mind by observation. Every physician knows how much greater interest a subject acquires when studied with a case in hand. So it is in equal degree with the medical student. The pursuit of knowledge is no longer drudgery, when the teaching is done by object lessons. The practical work, on the other hand, is most instructive when it goes *pari passu* with the didactic course.

THE LECTURE.

The cramming process of the lecture-room, which formerly prevailed, to the exclusion of other methods of medical teaching, is fast passing away. Yet the didactic lecture has its uses. *Viva voce* teaching is especially helpful to the beginner, who by lack of training is ill able to analyze his subject for himself, and to whom the text-book too often presents little more than a confused mass of facts. Salient points are made prominent, and a well ordered and comprehensive knowledge is more easily assured than by dependence on books alone. Yet both lecture and text-book must be com-

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bined. The lecturer is fortunate if he can place in the hands of his class his own lectures in book form, or at least a well-ordered syllabus of each lecture written out on the blackboard, is a material aid in systemizing the subject for the learner. Tabulated statements, arranged with reference to the proper subordination of topics, are valuable aids. By example the student gradually acquires methodical habits of thinking and working, and learns how to grapple with new questions.

The teaching value of the lecture is greatly enhanced by demonstrative methods. Drawings, photographs, charts, models, and especially fœtal and maternal manikins are extremely useful for elucidating and supplementing descriptive statements. They help, too, in fastening the attention of the listener.

THE QUIZ.

The student's mental pabulum needs not only to be well prepared and properly served, it must be well digested. To make sure of this is pre-eminently the work of the quiz. A mere catechism, which calls only for the memorizing of facts, is by no means all that must be aimed at. A well ordered quiz should bring out facts in their logical order, and should help the student to organize his knowledge of the subject, to digest and assimilate what he has learned.

PRACTICAL TRAINING.

The most important improvement in modern obstetric teaching lies in the greater attention paid to practical training. In none of the arts is experience more essential to success than in medicine, and especially is this true in obstetrics. A man may be learned, yet be a failure from lack of practical ability.

Objective illustration is invaluable in didactic teaching, not only as an easier road to knowledge, but because it imparts the kind of knowledge the obstetrician most needs to know. It familiarizes him with the actual facts of practice. Demonstrations, the exhibition of instruments, models, and of dry and wet preparations, are an essential part of the teaching in the lecture and the recitation room.

The obstetric department of the college may well be supplied with a cabinet of materials for illustration, including dried preparations of normal and of deformed pelves or models of the same, wet specimens of the pelvic viscera, gravid uteri with the ovary in situ, and representing the various stages of development, embryos, fœtus, placentas and entire ova in the different months of growth, and illustrating all normal and pathological conditions of these structures.

Most essential to a practical knowledge of obstetrics is a course of manikin and bedside teaching. Here the student is drilled in the everyday experiences of obstetric practice. He gets both mental and manual training.

MANIKIN TEACHING.

Nearly all the mechanical phenomena of labor, and most of the manual and instrumental methods employed in the management, can be successfully taught with the aid of the phantom. To this end several maternal manikins

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are essential, each in a separate room large enough to accommodate a section of eight or ten students. In addition to the manikin, each room should be supplied with fœtal cadavers preserved as for dissection and kept in alcohol, one or two fœtal skulls, a dried pelvis, rubber uteri, a pelvimeter and other obstetric instruments and appliances for teaching. The walls are hung with drawings, charts, and with a full schedule of the manikin work. Here the teaching is done by a staff of instructors, one for each manikin. The student is trained in diagnostic methods, and in the various obstetric procedures.

The fœtal skull is placed in the dried pelvis in the different positions under cover of sheet, and the student is required to make the diagnosis of position by the touch. After the touch is sufficiently trained in this manner, manikin and fœtal cadaver are substituted for pelvis and skull, and he learns to distinguish all the presentations and postions of the fœtus, by both the abdominal and the vaginal methods of examination. He is next trained to the use of forceps, in the operation of version, in breech extraction, and in various other obstetric procedures. He is required to do for himself, and is constantly quizzed by the instructor, and his methods criticised and corrected.

BEDSIDE INSTRUCTION.

After being well grounded in the manikin work, the sections are admitted to the lying-in wards. Here, too, as far as possible, a definite plan is followed. The schedule begins with the signs of pregnancy. The mammary, the abdominal and the vaginal signs are familiarized by actual practice. The student inspects, palpates and auscultates for himself, in accordance with a definitely prescribed plan, and is called upon to tell what he observes. He studies the mammary changes in all their varying phases, and becomes fairly proficient in the diagnosis of pregnancy by the abdominal and to some extent by the vaginal signs, and in determining the presentation and position of the fœtus by the external examination. The phenomena and management of the puerperium are studied in like manner. A section of the class is present at labors, and the course and conduct of labor are demonstrated, and so far as practicable the students are permitted to participate in its management. The schedule of manikin and clinical instruction in my teaching is as follows:

MANIKIN AND CLINICAL TEACHING.

SIGNS AND SYMPTOMS OF PREGNANCY.

Clinic.

- Mammary Signs
- Abdominal Signs
  - Size and character of tumor
  - Fœtal movements
  - Fœtal heart
  - Uterine souffle
- Menstruation of uterus and of fœtal ovoid for predicting date of labor.
- External measurement of pelvis.
- Vaginal signs.

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Diagnosis of Presentation and Position.

1. Abdominal Position.

Manikin and Clinic.

Order of examination:
- Locate dorsal plane and small parts.
- Examine lower fœtal pole.
- Examine upper fœtal pole.
- Differentiate head and breech.
- Locate anterior shoulder.

Diagnosis of vertex, face, breech, transverse and of the four positions of each presentation.

Diagnosis of twins.

Manikin.

2. Vaginal examination.

Characters of vertex, breech, face, shoulder, knee, elbow, hand and foot.

Positions of vertex, face, breech, shoulder

Prolapsus funis

Placenta prævia

Measurement of diagonal conjugate

Mechanism of labor.

Fœtal Cadaver.

Treatment of asphyxia
- Mouth to mouth insufflation
- Methods of Schultze and Sylvester

Puerperium.

Clinic.

Clinical course.

Management: mother, child; duties at each visit

Lactation

Therapy.

Breech Deliveries.

Manikin.

Extraction of arms, of head: Smellie-Neit and Wigand-Martin methods.

Treatment in impaction

Forceps on breech; on after-coming head

Forceps.

Manikin.

Low operation

High operation
- guides and methods; axis traction
- amount of force (measured by dynamometer)

Version.

Manikin.

1. External
2. Bipolar
3. Internal

Nuchal arm

Reposition of, prolapsed funis

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The hospital work is supplemented in the out-patient service, in which the student under guidance of one of the instructors makes the preliminary examination, conducts the labor and follows the course of the case through the puerperal period. He is furnished with a history blank, which he is required to fill out and return to his instructor on dismissal of the pa·ient.

An important aid in this department of the work is a suitable form for case histories, as a guide to the date which he is to observe and record. This ensures minute attention to details and thoroughness in the study and conduct of the case, trains him to habits of observation, and of keeping systematic records. The following is a form used by my classes:

FORM FOR CASE RECORDS.

Case No. Date of Application 18

I. HISTORY.

Name Residence Age years
Nativity Married Years para
Character of previous pregnancies labors
puerperiums
Miscarriages
Last menses from to quickened
Health during present pregnancy

II. PRELIMINARY EXAMINATION.
(A month before labor.)

General Condition.
Heart and lungs
Mammary glands, development
Nipples, healthy well-developed or not

Abdominal Examination.

Uterus, shape direction height of fundus
Liquor amnii, excessive or not
Location of placenta
Complicating tumors
Fetus, one, two
Fetal dorsum to mother's front, back—right—left
Fetal head, location size
Fetal heart tones. location force rate rhythm
Length of fetal ovoid

Vaginal Examination.

Pudendum, old injuries? Thrombus? Vulvar orifice rigid?
Vagina, healthy? Secretion normal? Tumors?
Cervix, old injuries? size consistence

Pelvic Measurements.

Inter-cristal Inter-spinal
External conjugate Diagonal conjugate
True conjugate Other measurements

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Urinary Examination.

Daily amount — Reaction
Specific gravity — Albumin
Sugar — Casts
Other microscopic findings

Subsequent Observations.

III. LABOR.

First Stage.

Pains began — frequency — character

General Condition.

pulse — temperature

Abdominal Examination.

Items as in II ; also
Abdomen pendulous — bladder, full or empty

Vaginal Examination.

Items as in II ; also
Rectum, full or empty — Vaginal secretion
Os internum effaced
Os externum, size — consistence of margin
thickness of margin
Membranes ruptured or not
Bags of water shape

COMPLICATIONS.
TREATMENT.
DURATION.

Second Stage.

General Condition.
pulse — temperature
Character of pains
Vaginal secretion
Membranes ruptured, when — how
Caput succedaneum, size
Mechanism
Perineal stage, duration — management
Complications
Management, medication
operative interference
Terminated at
Duration

Third Stage.

Uterine Contractions.
Placental delivery at

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Complications
Placenta
length width
weight anomalies
Umbilical cord, insertion
length anomalies
Membranes, complete or not how removed
Uterus, retraction height of fundus
Injuries
Uterus Cervix Vagina
Pudendum Treatment
General Condition
pulse temperature
Treatment
Duration of placental stage

IV. SUBSEQUENT DAILY RECORD.

General Condition
respiration pulse temperature
Diet
Breasts and nipples
Bowels
Bladder (examine over abdomen for overdistention)
Uterus, height of fundus width
consistence sensitiveness
(In third or fourth week examine bimanually.)
Lochia, amount character
color odor
Other Observations
Treatment

Condition on Dismissal.

18

General Condition
Breasts
Uterus, size shape position
Cervix, size shape position
injuries cervical canal, how large
Vagina
Pudendum
Other Pelvic Structures

V. CHILD.

Observations at Birth.

Sex
General Condition respiration
circulation pulse
temperature in rectum
rectum and urethra previous

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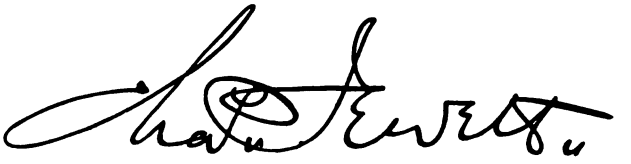
Development
length weight

O. M.	O. F.	S. O. B.	BI-P.	BI-T.

Head { diameters / circumferences
Other measurements
Caput succedaneum, size location
Skin vernix caseosa lanugo
Injuries
Congenital Anomalies

Subsequent Daily Record.

General Condition
Eyes
Mouth
Skin
Digestion
Umbilical wound
Nutrition, bread bottle
well nourished or not
weekly gain in weight
Other Observations
Treatment.



ELECTROCUTION IN OHIO.—The Ohio State Legislature has passed a bill providing for the execution of criminals by electricity, instead of by hanging. The law went into effect July 1st.

PAN-AMERICAN CONGRESS.—Professor Dr. Don Francisco Bastillos, Calle de Tacuba No. 7, Ciudad de Mexico D. F. Republaca Mexicana, has been elected treasurer of the Second Pan-American Medical Congress to be held in the City of Mexico beginning the 16th of November. All members residing in the United States and Canada, and others who contemplate attending, should forward the registration fee $5.00, gold, to him at once, and notify Dr. C. A. L. Reed, Cincinnati.

DR. P. F. VASTERLING, senior house surgeon of the St. Louis Hospital, Missouri Pacific Railway, has accepted the editorship of the Railway Surgical Department of the MEDICAL FORTNIGHTLY, of St. Louis. This is an excellent election, and will certainly redound to the profit of the FORTNIGHTLY, as Dr. Vasterling is rich in railway surgical experience, and moreover an enthusiast in his profession.—*Railway Surgeon.*

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The Medical Fortnightly

Surgical Treatment of Septic Peritonitis.

BY LEWIS SCHOOLER, M. D.,

DES MOINES, IOWA.

Read before the Missouri State Medical Association Sedalia, May 20, 1896.

THE treatment of this class of affections presupposes ability to recognize them, and this recognition implies a familiarity with the symptoms and their causes, as well as the sources from which the sepsis is derived and an acquaintance with the different varieties of germs, or their alkaloidal products. These vary at different times and under different circumstances, and there may exist numerous mixed infections. All, however, are due to a single primary cause—Trauma.

The recognition of this fact has practically a new designation; that of post operative, for the reason that it occurs more frequently in these cases and after many uterine and abdominal operations it is confidently expected, and the surgeon is in readiness to combat it on the slightest indication of its appearance. And, while he exerts himself with alacrity in these cases, he may hesitate even against his judgment in those cases where the trauma, or its exact character is not perceptible.

A ruptured, or perforated intestine may present no other evidences than those of sepsis, and the virulence of the infecting bacteria may be so great as to overwhelm the vital powers before a diagnosis can be made. At other times only a localized infection of the peritoneum may occur, that the pus producing germ is present and that there is abundant evidence of its effects is almost daily demonstrated by a certain class of cases of appendicitis. In one the injury is local and remains so sufficiently long to enable any one possessed of even ordinary diagnostic skill to differentiate it from the more formidable variety known as appendicits fulminaus in which the patient in many cases is doomed from the start, the infection not being local but general, and, to those of limited experience, or to the young surgeon, these are the very cases that are hardest to discern. The source of infection is the same in both cases—the appendix. Perforation exists usually in both varieties at the time of operation, thus opening a direct communication with the interior of the bowel. The different effects and difference in progression, as well as the termination, can only be accounted for by the presence of different germs in the different cases. Infection communicated through the uterus and fallopian tubes, and, perhaps, more frequently through the lymphatics, is a familiar route to all obstetricians and gynecologists.

The infection may be specific, non-specific or mixed, the gonnococci, the micrococci, the staphylococci, the streptococci, the pyogeneus albus, or aureus, or even the lanceolate bacillis, or their alkaloidal products, may exist separately or in different combinations, and while their ravages are apparently the same clinically, their ultimate effect, when surgically considered, present wide difference.

Few operators have been so fortunate as to avoid soiling both the intestinal and parietal peritoneum when seeking to remove these purulent

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collections, many of them without in the least impeding the recoveries, while in others the results are less fortunate. The difference in these cases, like those in the previous example, lies in the difference in germs, modified by the age of the product. The recent formations being more virulent than the chronic and the specific doubtless being less dangerous than the non-specific.

For convenience I have divided them into the post-operative and non-operative. The exact source of the infection in the post-operative variety is generally known, while in the non-operative it may occur as a direct result of a faulty technique, or a lack of proper cleansing of the surface, hands or instruments, accidental or intentional opening of the intestinal canal, or other infected areas within the peritoneum, as pelvic abscesses, suppurating tubes, or ovaries, or abscesses of the liver, spleen or pancreas, unclean sutures, or failure to properly irrigate or otherwise, cleanse the cavity, neglected or imperfect drainage, or accidental infection through the drainage tube. Under this head I also include all penetrating and perforating wounds and sepsis following labor or abortion from uncleanliness or retained fragments of placenta.

Under the non operative should be included all forms of intestinal obstruction, thrombi or emboli rupture of abscesses, accidental or spontaneous in character, perforations from ulceration or gangrene, leakage from cysts or tubes, suppurating fibroids, or other growths, gangrene from twisted pedicles and contusions upon the surface. This list might include many other sources by sub-dividing a number of the more or less general terms, but as this is not a paper on the etiology of the affection, it is believed to be sufficiently comprehensive for the purpose for which it is intended; that of laying a foundation for the intelligent comprehension of the treatment from a surgical standpoint.

The lymphatic system may be said to always be ready to convey the alkaloidal poison by the shortest route into the circulation. This occurs so rapidly and death supervenes so quickly that in many instances the peritoneum shows no evidences of disease even after death. Therefore the obstetrician and the operator who neglects any of the strictest antiseptic precautions, hoping to meet the emergency when it arises with the curette in the first instance, and the drainage tube and the irrigator in the latter, manifests a faith that is childlike in its simplicity.

These methods are of value when used early and thoroughly and in those cases that are not seen before the disease has developed, they will, of course, become our chief reliance. Curretting is, I think, reasonably well done by most operators, though, in most cases, digital exploration of the uterine cavity is an absolute surgical necessity. No one, however skillful and experienced, can determine with certainty the absolute removal of all vestiges of placental tissue by the sensation imparted to the hand by means of the curette or any other instrument.

Dilatation and exploration with the finger is the only method that yields positive results. In post-operative cases and in cases where operations have been done for the puposes of inspection and reparation of injury with sepsis supervening, the wound should be reopened partially, at least, and at

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the most dependent portion for the purposes of more efficient drainage and irrigation. The latter is too often resorted to in only a tentative manner. If, in these cases, it is intended to be of service, it should be done in the manner best calculated to reach as much of the peritoneal surface as possible. This may be done by frequent changes of the patient's position and gallons instead of quarts of the irrigating fluid should be used. There should, of course, be provided a free outlet by the side of the irrigation nozzle, or at some other convenient point, which may be obstructed temporarily with an antiseptic pad or sponge for the purpose of lightly distending the cavity and bringing the fluid in contact with every portion of the parietal and intestinal peritoneum. The fluid should be of suitable temperature—110 to 120° Farenheit. It may be either sterilized water or the normal saline solution. The latter is preferable. In cases where prolonged irrigation is likely to become necessary, a thermometer is an absolute necessity, as no one can determine the temperature of the fluid by the hand. Stronger antiseptics will not only be useless but harmful, the intention not being to destroy the germs but to remove them together with their alkaloidal products in the quickest and safest manner possible. It is more than probable that the alkaloidal products are the only absorbable substances and antiseptic substances even if no harm should occur from their absorption, would be powerless to effect their destruction. Therefore the prevention of their absorption can only be prevented by their removal; once they have entered the circulation in sufficient quantity, the case is hopeless.

This flushing of the external surface of sewers of the body and their similarly constructed surrounding surfaces is of benefit for the reason that it is here in a large number of instances the place of alkaloidal contact; especially so in post operative cases.

It is well, however, to remember that the intestines themselves should be flushed internally, as the alkaloidal product may emanate from that source, and there are many instances which demonstrate autoinfection, even in post operative cases, through the influence of the nervous system, osmosis and endosmosis are, no doubt, sometimes reversed.

The different kinds of drainage may be profitably considered in these cases, both as a prophylactic and as a curative agent, their office being the continuous and complete removal of accumulated and infections fluids.

The oldest form is the tubular; the more recent, the capillary or gauze drain. The tubular is designed to keep the wound open and permit the removal of fluid at intervals by means of the syringe; or sometimes, if preferred, a blending of the two is used by inserting a piece of wicking or gauze through the drainge tube for the purpose of removing and depositing the secretion upon the dressing. The same result is obtained by the use of the wicking or gauze alone. In some cases there is practically no difference between the two methods. It is urged against the glass tube by the advotes of capillary drainage that the tube is firm and unyielding and therefore capable of doing harm to the peritoneum on account of the intermitent action of breathing, as well as the vericular actio.1 of the intestines. The strongest objection, however, is that it fails to overcome the effect of gravity. Fluids accumulating in the lower portions of cavities cannot be reached by a

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single tube, more than one seldom being used, while capillary drains may be inserted in various directions and even placed between coils of intestines for the purpose of separating them, and preventing adhesions. In favor of capillary drainage is its adaptability to the control of hemorrhage, over which the tube has no influence. It also removes every vestige of the fluid, which is an impossibility with the tubular drain and syringe.

Whatever form of drain is used, it should be ample for the removal of the total amount of the secreted fluid. This cannot be definitely stated in any case, and the capacity of the drain is a matter of judgment on the part of the operator, and is acquired and ripened by experience. The tubular drain has no effect upon the peritoneal cells, while the gauze drain is said to materially affect coagulation, as well as to extend its antiseptic influence a distance of ten centimetres beyond the point of contact. These agencies are of more value as preventives, but are not to be neglected in the treatment of any case of septic peritonitis. In addition to this, the powers of the patient are to sustained by the administration of alcoholics, strychnine, digitaline and similar substances. These are preferably administered hypodermically, reserving the stomach and rectum for the administration of food.

The item of food I think is too often overlooked. While it is true that the stomach in these cases is often a poor receptacle, the matter of nutrition is always important and the more prolonged the case the more important it becomes.

The rectum is nearly always available, and, while the absorption is limited, I think that great good may be accomplished by the use of properly predigested substances. As usually administered they are of little or no benefit, but if the canal is carefully washed out previous to their administration the patient may be supported sufficiently long to tide him over the critical period.

Lewis Schooler

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HARVARD UNIVERSITY'S GROWTH.—Ten years ago Harvard had 1,662 students; this year she has 3,600; of this number 2,897 are registered in Cambridge. There are about 1000 new comers a year; 1,200 live in dormitories, 1,400 in private halls and lodging houses, 1,150 men dine in Memorial Hall.

DR. T. F. GRAYSON, of Fort Dodge, reports a case of hyperpyrexia. In a case of la grippe on April 15th the temperature was 106°. It ranged from 102° to 106° until April 21st, when it rose suddenly to 110.5°. On the 22d it fell to 106° and on the 26th was 97°. The patient recovered. —*Iowa Med. Jour.*

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Favorite Prescriptions

Selected from our exchanges.

BY GEO. W. TURNER, M. D.,

ST. LOUIS.

In a case of persistent intercostal neuralgia, C. C. Cooper (*Med. World*) rapidly controlled the case by—

℞ Quininæ Sulph.....grs. cxliv
Acetanilid.....grs. xlviii
Syr. Yerba Santa Aromaticus..... oz. iii

M. ft. syr. et. sig.—Beegin at 9 A. M. and take a teaspoonful every hour until 5 o'clock, then four hours apart thereafter.

Also:

℞ Tr. Aconiti rad.....
Tr. Belladonnæ.....aa oz. i

M. ft. sol. et fig.—Apply to the painful part twice a day, covering the part with a woolen cloth.

In cases of chordee, opium in the form of a suppository generally gives relief, but is not to be used unless absolutely necessary, as it produces constipation, which should be avoided. When necessary to use, Prof. Keen advises the following formula:

℞ Pulv. Opii.....gr. vj
Pulv. Camphoræ.....gr. xviij
Ol. Theobromæ.....q. s.

M. Fiant suppositoria, vj. Sig.—Use one at bedtime.

Ext. Hæmatoxyli fluid.....fl. dr. iij
Syr. Zingiberis .....fl. oz. iij

M. Sig.: Teaspoonful in water every hour until relieved.

For Chancroid.—The following combination will be found a most satisfactory antiseptic powder for chancroids and indolent ulcers:

℞ Pulv. Campho-Phenique.....
Comp. Talcum (Fehr).....aa ʒiv

M. Sig. Apply twice daily after thoroughly cleansing.

Malarial Cachexia.—Dr. Lockwood recommends the following for the anæmia following the malarial attacks:

℞ Ferri Redacti ..... gr. ij
Pulv. Ipecac..... gr. ¼
Acid Arseniosi..... gr. $\frac{1}{40}$
Ext. Colocynth Co..... gr. ij

M. ft. pil.

Sig.: Take one three times daily.—*Times and Register.*

Bleeding Gums.—After the extraction of teeth Viam recommends the following as an efficient styptic to check the bleeding:

℞ Chloroformi ..... 60 grains
Acid, Tannic ..... 30 grains
Menthol ..... 30 grains
Tinct. Krameriæ..... ..... 1 ounce
Aqua Dest. q. s. ad ..... 1 pint

—*N. E. Med. Monthly.*

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The Reviewer's Table.

Books, pamphlets, instruments, etc., for this department, should be sent to the Managing Editor, Saint Louis.

A COMPEND OF GYNECOLOGY.—By William H. Wells, M. D., Adjunct Professor of Obstetrics and Diseases of Children in the Philadelphia Polyclinic; Late Assistant Demonstrator of Clinical Obstetrics in the Jefferson Medical College of Philadelphia, etc. With 150 illustrations. Philadelphia: P. Blakiston, Son & Co., 1012 Walnut Street, 1896.

Blakiston's Quiz Compends have established an enviable reputation. The present number is no exception to the rule. Well's Compend of Gynecology is an excellent book. The 260 pages of the little book give, in brief, all the details of ordinary gynecology. Brevity and accuracy are characteristics of the work; it is well adapted as a work of ready reference for the physician and for students' use.

THE THREE ETHICAL CODES.—That of the American Medical Association; Its Constitution, By-Laws, Amendments, etc. That of the American Institute of Homoeopathy and that of the National Eclectic Medical Society. Limp cloth, round corners, 55 pages, postpaid, 50 cents. The Illustrated Medical Journal Co., Publishers, Detroit, Mich.

This little book contains fifty-five pages of most profitable reading matter. Many physicians subscribe to the code without ever having seen it, and with no very definite idea of what it really is; in fact, we often meet medical men who freely and unblushingly confess their ignorance of this important document. We are glad that this book has been issued and that it comes in a form that will make it within the reach of all. All should have it. The three codes are strikingly similar, the laws of honor and morality being the foundation of each. The Eclectic Code, which contains but two articles and is printed on one page, presents a decided contrast with the longer and more explicit code of our own school, and a comparison of the two makes us the more enthusiastic over that grand paper, the Code of the American Medical Association.

T. A. H.

OBSTETRIC ACCIDENTS, EMERGENCIES AND OPERATIONS.—By L. Ch. Boisliniere, M. D., LL. D., late Emeritus Professor of Obstetrics in St. Louis Medical College, etc. B. W. Saunders, Publisher, Philadelphia, Pa., 1896. Price, $2.00.

From cover to cover this is eminently a practical work. Its 380 pages will be found a most fitting index to the life of the author, whose work as an obstetrician covered nearly fifty years of a most successful life.

The subject matter of the work has been divided into three parts:

Part I. is devoted to accidents to women, Part II. to obstetrical operations, and Part III. to accidents to the child.

The author has covered the ground in a very satisfactory manner; he is concise, yet nothing is left indefinite. The work is full of timely suggestions and in it the doctor will find a portable consultant which may be conveniently carried to all obstetric cases, but the value of which he will only appreciate when a perplexing case is met and a consultant cannot be had.

Great credit is due the publisher, who has contributed much to the worth of the book, the illustrations are excellent, the typography is clean and the binding is decidedly attractive and durable.

T. A. H.

McMillan & Co. of New York announce the publication of a very elaborate work on the Fundus Oculi, with an ophthalmoscopic atlas illustrating its physiological and pathological conditions, by W. Adams Frost, F. R. C. S., ophthalmic surgeon, St. George's Hospital; surgeon to the Westminster Ophthalmic Hospital.

The ophthalmoscope is no longer the instrument of the few; nearly all students in medical schools learn its use. The physician finds the ophthalmoscope as essential in some cases as the stethoscope is in others. He may, however, be led astray or left in doubt by unfamiliar conditions of the Fundus. He will therefore welcome Dr. Frost's elaborate work on "The Fundus Oculi with an Ophthalmological Atlas" in which physiological and pathological variations have been exhaustively portrayed.

It is very fully illustrated; in the body of the text diagrams and cross sections contribute to clearness of statement wherever needed, and the Atlas which follows, consists of about fifty full-page plates reproducing in color conditions which have occurred, with very few exceptions, in Dr. Frost's own practice in the Ophthalmic clinics of two large hospitals. Extra cloth, 4to, gilt top, price $18.

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Reports on Progress.

COMPRISING THE REGULAR CONTRIBUTIONS OF THE FORTNIGHTLY DEPARTMENT STAFF.

GYNECOLOGY

BY T. C. WITHERSPOON, M. D.,

SAINT LOUIS

Vertical Vaginal Incisions.

Boisleux, of Paris, has been in the habit of making a vertical incision in the vaginal wall, instead of the usual transverse one. Thus he avoids injurfer the strongest support to the uterus. In posterior colpotomy, whether for the purpose of disrupting adhesions, removing appendage or draining purulent collections, this incision proves most useful. In anterior copotomy, likewise, the longitudinal incision is used; commencing about an inch from the urethra and extending to the vagina-cervical junction.

Trachoma of the Female Genital Tracts.

Under this caption, W. A. Edwards writes of eight cases which have come under his observation in California during the last six and one-half years. Dr. Johnstone during last year wrote of the disease, designating it trachoma. Martin, Clubsalblatt f, Gynaekolgie, Leipsig, '94, describes the condition under the title "Kraurosis Vulvae." Its etiology is unknown. It occurs in virgins and married, young and old. The physician rarely sees it in the acute stage. The chronic presents three varieties: Papillary, follicular and mixed trachoma.

Cleansing lotions of pyrozone, boracic acid and salicylate of soda are used, to be followed by applications of stearate of zinc. Johnson recommends yellow oxide of mercury.

Curettment.

Lohlein (Centralblatt fur Gynakologie, No. 14, 1895) has noticed that the fundus and lateral walls of the uterus are the portions of the uterine cavity most likely to be slighted in curettement. He thinks that although the more dangerous, the sharp spoon curette is the only one which can be used to thoroughly remove the endometrium. He says the incomplete and irregular removal of the endometrium by the curette does little or no good. The sharp he also prefers in removing intra-parietal cancer of the cervical canal.

Laparotomy Followed by Intestinal Paralysis.

A case of this kind is reported by Dr. Engstrom, in which death occurred on the fifth day after the operation. The patient had a sarcoma of the right ovary removed. Some amount of sponging was resorted to for the purpose of removing a quantity of bloody serum from the peritoneal cavity. Vomiting, with a small pulse and dilated abdomen, supervened the same evening. Postmortem showed no intestinal obstruction or peritonitis. Bacteriologic examination of the peritoneum and its contents an hour after death gave negative results. The probable cause of death was absorption from the intestines of toxic products there generated.

Vaginal Incision and Drainage in Certain Pus-tube Cases.

Dr. J. M. Hundley reports in the Maryland Medical Journal of Jan. 11th four cases so operated upon with immediate benefit. It would be of interest could such cases be watched for any length of time and the end of such procedure recorded. In each case there was the usual history of acute or sub-acute pyosalpingitis presenting fluctuant touch from the vagina. All improved rapidly after evacuation of the pus and left the hospital within the month following. In no case, however, is it stated that complete recovery resulted, but rather that a small discharge still continued to be apparent from the vagina or fistulous open-

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ing. Judging from the experience of those of us who have lately had to deal with cases so treated in the past, vaginal openings into the tube are not to be used as permanent operations, but only to temporarily tide over a period of active infection. A purulent collection from a pus tube, if opened into the vagina and thus drained for a month will in all probability never be entirely relieved until the whole tube is removed. The secondary operation can be performed either through the vagina or abdominal wall.

DERMATOLOGY

BY M. F. ENGMAN, M. D., Saint Louis.

Thioform.

In the Wiener Med. Wochensrof. Stever recommends thiform as a substitute for iodoform, as it is lighter and therefore cheaper. He uses it in varicose ulcers, chancroids, tinea and favus. It can be used in dry powder or in ointment.

Treatment of Acne.

Dr. Bardach from a study of sixty-eight cases (Jour. Cutaneous and Genito-Urinary Dis.) cannot confirm the conclusions of Barthilemy and Bouchard that nearly always acne will be found associated with dilatation of the stomach. He found in all of his cases high specific gravity of the urine with an increase of the crystalline sediment. He therefore concludes that an increase in the salts of the blood is a strong etiological factor, by irritating the sebacious glands and the vessels. He recommends to increase the diuresis by the "Krenznach Cure" ad use locally the Krenznach soap, which contains sod. iodate and bromate.

Ichthyol in Burns.

This drug is being extensively used in the treatment of burns of the first and second degree, and is most efficacious in alleviating pain, reducing oedema and promoting healing. It is used dry, diluted with zinc oxide or bismuth, the powder spread evenly over the surface, in ointment (ten to thirty per cent.), or in combination of the methods. (Jour. Cut. and Genito-Urinary Dis.)

Curative Action of Erysipelas on Lupus.

At a recent meeting of the French Society of Derm. and Syph. M. Hallapeau presented a girl, who had been cured of a largely disseminated lupus, by an accidental attack of erysipelas. None of the usual remedies had any curative effect on the disease.

Ichthyol in Erysepelas.

Ichthyol has proven very efficacious in the treatment of erysipelas; in recent reports of the French Dermatological Society it was the favorite remedy, giving the most promising results. It can be used in ointment, lotion, or in flexible collodion. A cooling ointment containing ichthyol as follows is very satisfactory:

℞ Ichthyol.....3ss
Lanolin.....3iv
Ol. Amygdal.....3ss
Aq. dist.....3i
M.

The ointment should be well rubbed in, especially beyond the margin of disease, and kept continually applied to surface on a cotton or linen cloth. For small area of disease Ichthyol and collodion, equal parts, can be painted on daily.

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Department of Railway Surgery

CONDUCTED BY

PAUL F. VASTERLING, M. D.,

Senior House Surgeon Missouri Pacific Hospital; Ex-Vice President N. A. R. S.; Lecturer Surgical Technique Beaumont Hospital Medical College, St. Louis.

A Brief Review of the Growth of Railway Hospital Departments.

In 1869 A. N. Towne had assumed the management of the Southern Pacific Railway, prior to his time a hospital department had been established and maintained by voluntary contributions from the employes of the road.

Discipline and order in the department was an unknown quantity and surgical attention was scarce and difficult to obtain in this new and virtually unsettled region of country.

DR. PAUL F. VASTERLING,

Saint Louis.

Mr. Towne soon saw the urgent necessity for the immediate care and attention to injured employes and passengers, and with his quick business sense soon realized the benefits that might accrue to his road from having a competent corps of surgeons to attend to these cases and proceeded to act with vigor and effect.

The old method of maintaining the hospital by voluntary contributions indicated an uncertainty from the beginning and was not in strict accord with his orderly methods, and to place the department upon a substantial, self-supporting and undoubted successful basis, he made it an obligatory element of employment of all men employed by his company to pay to the hospital fund the sum of 50 cents, monthly. Here was created at once a fund which did not depend upon the caprice of the employes, but upon a strict and invariable rule of the company.

The Central Pacific Railway Company bought property and erected a hospital at Sacramento, California, representing an outlay of nearly $65,000 and from this time on the permanency of hospital departments was an assured fact.

The Missouri Pacific Railway Co. inaugurated its hospital department in 1879 at Washington, Mo., the late Dr. J. W. Jackson acting in the capacity of chief surgeon. The St. Louis, Iron Mountain and Southern Railway Co. under the guidance of Dr. W. B. Outten established a hospital at Carondelet, Mo., in 1881. The next department established was by the Northern Pacific road at Omaha, Nebraska, by Dr. D. F. Mercer, and three years later the Atchison, Topeka & Santa Fe under Dr. J. J. Ransom established hospitals at Ottumwa, Las Vegas, La Junta and Fort Madison and then followed in rapid succession upon the Denver & Rio Grande, Union Pacific, Wabash, Cotton Belt, Chesapeake & Ohio, Kansas City, Springfield & Memphis, and at this present writing we have hospital departments formed upon the following roads: Atchison, Topeka & Santa Fe, Union Pacific, Denver & Rio Grande, Missouri Pacific, Northern Pacific, Missouri, Kansas & Texas, Texas & Pacific, International & Great Northern, St. Louis & Southern, Wabash, Kansas City, Springfield & Mem-

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phis; Chesapeake & Ohio and Gulf, Colorado & Santa Fe. The Erie Railway has also quite recently established a hospital department. Upon these various roads there are in successful operation twenty-five well equipped hospitals, treating annually nearly 163,000 sick and injured employes.

It might be pertinent inquiry to make at this juncture regarding what will be the future growth of hospitals upon the railways of the United States. The past history of these institutions plainly shows the manifold benefits to the employer and the employe. There has been a continuous growth in the number of hospitals upon the railways and those established are flourishing and well patronized. We can therefore predict that the future will see a marked increase in the growth of these departments, for the reason that they are in more perfect unison with the spirit of independence of this country than any other form of relief yet devised, they do not interfere with the liberty of the employe or labor organizations, but enable the employe to exercise his ability and capacity to protect himself in ways which are most agreeable and beneficial and to exercise his own will in the formulation of his protective plans of insurance.

Investigation shows that the Order of Railway Conductors, Brotherhood of Railway Trainmen, Brotherhood of Locomotive Engineers and Brotherhood of Locomotive Firemen have insurance at a cheaper rate per thousand dollars than commercial insurance companies or relief associations. Thus as an illustration the Order of Railway Conductors insurance feature only charges $14 per $1,000, this includes death and permanent disability. The Brotherhood of Locomotive Engineers charges $16.32 per $1,000. Under the hospital department arrangement the employe has the right of litigation and in addition thereto his own protective plans of insurance. Hence with the favorable conditions thus evolved and from frequent conversations with employes we are convinced that the hospital department is the favorite plan amongst them, this being the case we are honestly convinced that time will plainly show that the hospital plan will be the one which by its merit and lack of objectionable features will be accepted by the employes, and it can be stated very nearly as a fact that the employe will guide the form of relief to be established upon the railways of this country.

The Extent of the Employment of Railway Surgeons in the U. S.

To those who are familiar with the employment of surgeons by the railway companies, it will be no surprise to state that the medical profession is more freely employed by these corporations than by any other source of human organizations, some of the largest railway systems of this country employ surgeons for every fifty miles of their road represented, hence it has been computed that the railways of this country employ nearly 8,000 surgeons, and including Canada and Mexico, the number easily reaches 10,000, and yet this is under the conditions in which a majority of railways have no organized medical service, thus it will be seen that the railway surgeons of this continent constitute a small army in themselves, and it can be safely asserted that their number as represented by the present will be small in comparison with the future.

It is gratifying to note that upon every road where the surgeon has been permitted to grow and where opportunities for demonstrating his usefulness have been given him, that he has become respected by the management. Taking the words of the Hon. A. G. Cochran, general solicitor of the Missouri Pacific, as a criterion, it certainly would appear that he is in appreciative evidence, for at the ninth annual meeting of the National Association of Railway Surgeons April 30, 1896, he said, referring to hospital departments: "Gentlemen, this is an interesting subject to me, because I have been at the head of the legal department for years and have had the benefit and privilege of the consultation and friendship of my friend, Dr. Outten. I know of what immense value it has been to me in the past, and I may say to you now, that there is nothing that could be offered to me as the head of my department which would tempt me for one moment to do away with the advantages which accrue to my department because of the surgical department."

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Accident Neuroses.

We note from a recent editorial in the Railway Surgeon, who quotes and comments upon an editorial which appeared in Boston Medical and Surgical Journal which plainly shows was written by a neurologist of capacity wherein is very forcibly spoken regarding the sociological effects and problems involved in traumatic or psychic shock upon the nervous system, particularly when these conditions are inflicted by a corporation possessing financial ability to pay damages. This editorial notes the fact that a certain prominent sociologist had stated to him that there was a menacing sociological problem engendered by the generous bestowal of damages by litigation especially where corporations where liable. This editorial also states that personal injuries inflicted by railways, a series of symptoms are manufactured in consequence of the influence of surrounding social conditions namely the capacity to sue, the cupidity of the lawyers and the assistance of expert medical testimony. There can be no doubt to our mind but that many of these conditions which have been claimed to be created by railway injury are manufactured by the patient, by the schemes of the lawyer and unjust and dishonest medical expert testimony.

We agree with the editor of the Railway Surgeon when he says that the contributing elements of modern civilized life in generating psychic conditions are of as much undoubted force and effect as the initial trauma inflicted by the railway and when both the psychic condition exist and the railway injury occurs who can absolutely say which acts the most viciously, the railway injury or the contributing psychic condition engendered by faulty living?

At a recent meeting of the Railway Claim Agents of America at Pittsburg, a motion was made and resolutions adopted that a committee be appointed to confer with the National Association of Railway Surgeons to request that the association appoint a committee to confer with them to select medical subjects to be written and read by members of the N. A. R. S. during their meeting in St. Louis in June, 1897.

Railway Rumblings.

Dr. H. H. Mudd, dean of the St. Louis Medical College, has been appointed consulting surgeon to the St. Louis hospital of the Missouri Pacific Railway.

Dr. T. O. Summers, editor of the St. Louis Clinque, has been appointed bacteriologist and pathologist to the hospital department of the Missouri Pacific Railway.

It may not be uninteresting for our readers to know that the St. Louis hospital of the Missouri Pacific is the largest railway hospital in the United States, if not in the world. This institution treats annually 14,000 patients.

We are sorry to learn that Dr. B. F. Eads, chief surgeon of the Texas & Pacific railway, has lost by death his only son. This son was house surgeon at the Marshall hospital. We sincerely and heartily condole with the doctor with his sad and severe loss.

Owing to the extensive patronage of the Sedalia hospital of the Missouri, Kansas & Texas Railway, the chief surgeon, Dr. E. F. Yancey, has made arrangements to establish a new hospital for the Texas lines and has selected Dennison as being the most central and best adapted point for the hospital. The Sedalia institution has a capacity of eighty-five beds and the surroundings are exceedingly pleasant and healthful. It is situated in the center of a magnificent grove of trees—a twenty acre tract —and being well equipped in every particular for the comfort of the sick and injured and under the able administration of Dr. Yancey, the department is in a thoroughly prosperous condition. 7,000 employes received treatment in 1895.

The London Gazette announces that the Queen has been pleased to appoint Thomas Barlow, M. D., F. R. C. P., to be Physician to the Household in Ordinary to Her Majesty, in the room of Sir John Russell Reynolds, Bart., M. D., deceased.

Dr. W. P. Matthews of Manchester, Va., has been elected Professor of Anatomy in the Medical College of Virginia.

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Fortnightlettes

THE report of the Missouri State Medical Society proceedings will be resumed in our next issue.

THE editorial office of the *New York Polyclinic* has been removed to 128 West 82d street, New York City.

DR. THOS. BROOKS, one of the leading young physicians of Missouri, has removed from Dearborn to Augusta, Montana.

DR. JOHN GUITERAS, Professor of Pathology in the Medical Department of the University of Pennsylvania, is taking a leading part in aiding the Cuban struggle for liberty.

THE WOMAN'S CLUB OF LOUISVILLE has made itself a power, by taking up the question of isolation of infectious diseases. They have now a resolution before the city council to compel such isolation.

FOUR Sisters of Charity from New Orleans have volunteered to devote their lives to the care of the lepers at Indian Camp, La. They have already been installed in their new mission, where they find thirty-one victims of this disease.

THE BRITISH MEDICAL ASSOCIATION convenes in London, July 28th, and the FORTNIGHTLY has arranged for a comprehensive report of the proceedings by our special correspondent, Dr. Hewlett. We will also present photogravures of the officers.

MISSOURI PHARMACISTS:—At its recent meeting at Excelsior Springs, the Missouri Pharmaceutical Association elected Eugene Soper, of St. Joseph, president; Wm. Mittleback, of Booneville, treasurer; Dr. H. M. Whelpley, of this city, secretary. The association will meet next year at Merrimec Highlands.

A CORRECTION.—Prof. E. W. Saunders wishes it understood that in his paper on the use of "Antitoxin in the Treatment of Diphtheria," in June 1st number, he did not wish to do injustice to the Mulford serum, for in his mind it is the most potent and thoroughly reliable, as well as inoccuous serum that is manufactured.

NEW OFFICERS OF THE G.-U. ASSOCIATION.—At the meeting of the American Association of Genito-Urinary Surgeons, held at the Hotel Brighton, Atlantic City, N. J., June 2 and 3, the following officers were elected for the ensuing year: President, Dr. Francis S. Watson, Boston; vice-president, Dr. J. William White, Philadelphia; secretary, Dr. W. K. Otis, New York.

PROF. EDWIN KLEBS has been elected to the chair of Pathology in Rush Medical College. This college has recently been recognized by the Examining Board of the Royal College of Physicians and the Royal College of Surgeons of London, England. This recognition entitles its alumni to all the privileges accorded to the graduate of other institutions recognized by that board.

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A NEW MEDICAL LAW.—Governor Morton, of New York, has signed the new medical bill, which raises the medical-student course from three to four years, and allows students who entered colleges to graduate under the rules in force when they matriculated. This law applies to all the medical colleges in the State.

TWO NEW COVERS.—To an artistic eye our exchange table presents an interesting study. We have all grades of cover designs, from the "don't-care" to the most artistically beautiful, and while we prize them all, we must confess, we do not approve of the journals which are not unmindful of the appearance of their exterior. The latest to indulge in new designs are the *Vermont Medical Monthly* and the *Codex Medicus*.

BRODNAX, LA., June 16, 1896.

DR. FRANK NORBURY:

Dear Doctor:—I read your splendid editorial in the May 15th "FORTNIGHTLY, "Cliques and Combines." That is a good article, doctor, and to my mind has the ring of "pure silver" in it. We need more of the real doctor in the profession, the gentleman and scholar. The man whose palm itches for the dollar with a dim consciousness as to the mode of allaying the irritation, is much on a par with the doctor without originality, who wishes to obtain notoriety cheaply, on the sensational pushing of a new fad.

As ever, BEN. H. BRODNAX.

DEATH OF DR. PIPINO.—On the evening of June 3d Dr. W. C. Pipino, of Des Moines, came very suddenly and unexpectedly to his death. While riding on horseback in the north part of the city his horse threw him with such violence that his skull was very badly fractured. A number of his medical friends were soon called to his assistance, but his injury was too severe to admit of hope, and he lived but a few hours. Dr. Pipino had become one of the best known eye and ear authorities of the West. He was a member of various medical societies, and he was a liberal contributor to the medical press. He was born in Baltimore, Md., and once practiced medicine in Mexico, Mo. He was a Thirty-second Degree Scottish Rite Mason and an Elk. He leaves a widow, a son, a daughter and a host of friends, to all of whom his death causes profoundest sorrow.

The Fort Dodge Post is the most honest newspaper in Iowa, without exception. Why cannot some of the larger papers of the state also refuse to sell their honor for a few dollars. The *Post* says: "The *Post*, while not holding itself responsible for its advertising columns, does feel this to be true, that it owes to the public who read it, a duty, especially relating to advertising traveling doctors and medical fakirs, for the reason that no one is so liable to be imposed upon as a person in search of health, and such a one is deserving of the utmost good faith upon the part of every professional man who is called upon for advice or treatment. This we are convinced, they are not apt to receive from the hands of traveling doctors and medical fakirs. In the future the advertisement of no such person will appear in the *Post* while it remains under its present management.". Long live the *Post!*" —*Iowa Medical Journal.*

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Hydroyzone in Purulent Otitis Media.—In a recent issue of *The Medical Bulletin,* is reported the following case: A patient had been suffering from intense pain in the left ear, for four weeks, making it impossible for him to sleep at night, or rest during the day. The pain was so severe that at times he apparently lost consciousness. The man's face became deformed; an edematous swelling the size of one half of a loaf of baker's bread occupied the usual location of the ear and the surrounding muscles. The auricle of the ear was almost buried in edematous tissue; upon palpation, the part was found intensely tender, and deep pressure evoked expressions of excruciating pain. The integument and sub-cutaneous tissue were thoroughly infiltrated. Ichorous, fetid pus was slowly exuding from an almost imperceptible meatus. The patient expressed feelings of chillness, showing a possible septic contamination of his system. Every indication and sign pointed to possible suppurative of the mastoid cells—tenderness upon pressure over the mastoid being very marked. Efforts to localize the tenderness, whether in external meatus or mastoid, for discriminating diagnosis were unsatisfactory. A positive diagnosis was withheld as to whether the condition was purumedia or suppurative inflammation of the mastoid, and internal treatment employed. After laborous effort the edematous tissue was separated sufficiently to admit the introductiou of a small Eustachian catheter into the external meatus. Through this, with a small hard rubber syringe, was injected, four times daily, about one-half an ounce of hydrozone, allowing it to drain away, advising hot fomentations. The patient was confined to his bed and the best possible hygienic surroundings provided. In twenty-four hours after the treatment was commenced, the intensity of the odor, amount and character of the discharge had manifestly lessened, the swelling was reducing and the patient feeling better. The edema being lessened, the aperature was enlarged. Hydrozone was now injected, through a catheter of larger calibre, every hour, requiring the head to be kept turned to the opposite side for ten minutes to allow the percolation of the hydrozone as deeply as possible into the middle ear, before reversing the position to allow drainage. This treatment was continued for a week, the man's recovery progressing with remarkable rapidity, his pain and the constitutional symptoms having disappeared about the third day. At the end of eight days the swelling had entirely disappeared, his features were again normal, and he expressed himself as perfecly well. An examination showed a circular perforation in the ear drum the size of a shot, proving that the case had been one of purulent otitis media, with septic contamination of the patient's system, and infiltration of the surrounding cutaneous tissues. Small incisions were made at two different places to permit the exit of pus from the interment. The mastoid was not involved. The rapidity with which the disease yielded after the introduction of hydrozone through the catheter into the middle ear impresses one with the wonderful value of the preparation; for, strugging with such cases during a practice of seventeen years, we have never seen its efficiency equalled by any medicinal or operative procedures.

PHILADELPHIA, PA., June 11, 1896.

DEAR DR. NORBURY:

I am very much pleased with the MEDICAL FORTNIGHTLY, and especially with your fearless editorials. Please send me a copy of "Miskel."

Yours, very truly, CHARLES A. OLIVER.

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The Medical Fortnightly

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CHARLES WOOD FASSETT, - Secretary and Business Manager.

A COSMOPOLITAN BIWEEKLY FOR THE GENERAL PRACTITIONER.

THE MEDICAL FORTNIGHTLY is devoted to the Progress of the Practice and Science of Medicine and Surgery. Its aim is to present topics of interest and importance to the General Practitioner, and to this end, in addition to a well selected corps of Department Editors, it has secured correspondents in the leading Medical centers of Europe and America. News of Societies, and of interesting medical topics cordially invited.

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LEWIS, BRANSFORD, Genito-Urinary Surgery and Syphilology.
MARDORF, W. C., Foreign Literature.
MORTON, DANIEL, St. Joseph, Mo., Diseases of the Rectum.
MILLIGAN, JOSEPHINE, Jacksonville, Ill., Gynecology.
MURPHY, R. B., Obstetrics.
ROBERTSON, WILLIAM M., Clinical Surgery.
VASTERLING, PAUL F., Railway Surgery.
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PHILADELPHIA CORRESPONDENT—DR. M. V. BALL.

Volume X. **AUGUST FIRST.** **Number 3.**

Editorial Department.

Business is Business.

THE average practitioner of medicine has but little skill in making money. In fact he seems to have such a propensity to get in debt, that he is likened to the elephant in the quicksands, he only makes matters worse when he tries to get out. To stand on terra firma, out of the reach of the quagmire of debt, is his longing, but how to secure this wish is something beyond his capabilities. He is born with brains, but the combination is set for other results than the getting of money. He is full of the aspirations which intellectual life imparts, and when wrapped up in these, seeking knowledge and doing good, he little thinks of the real cash remuneration which is to follow his services.

The crafty business man, the farseeing banker and the subtle tradesman look on abashed at his reckless expenditure of energy without cash compensation. And in their business dealings with this physician they find him utterly ignorant, in fact too frequently incompetent to make a deal involving any business sagacity, his knowledge of business rules or principles are purile, and he is led like a lamb to the slaughter, when perchance

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he has a balance at the bank, and has been solicited to enter some scheme for making a few dollars outside of his profession. Frequently, indeed, this physician, whose balance represents hard work, physical strain and professional anxiety is the one who "holds the bag" when the deal is a failure. He loses, while the promoters, through their better knowledge of business, have had a chance to get out before the crash came. He probably says to himself, "buttered side down again," and that ends it. He goes on accumulating another balance, and maybe is content to let the banker pay him a pittance for its use, rather than venture again on the troubled sea of business. He knows as little of quotations of stock, corn, wheat, and cattle, real estate and what not, as the man in the moon, and is as helpless as a babe when he is forced to figure up some small investments. Now, all physicians are not of this kind. Some can "swap horses," drive bargans, sell and buy, buy and sell, and play at shaving notes, but to the credit of the great majority, let it be said, they are content to live on the incomes from their practice. For a man who can successfully promote financial schemes has had a small field of usefulness in medicine; his horizon is bounded by the dollar sign, and his dreams are not of saving his fellow-men, but of shaving them; and by the addition of this one little letter "h," the whole current of life is changed. That "Business is business," as Samuel of Posen says to Rebecca, is true.

Professional life is not business; business is not professional life. Alas, for it, that under the name of business deeds are committed and practices allowed, which would harden the heart of a physician to steel. It would blast the great motive which makes the physician, viz., the "pursuit of knowledge for the good that can come from it." This is not true of all businesses or all business men, for legitimate methods in the hands of honorable men make the life of a business man one of greatness, destined to honor the man and his calling. It is the crafty Shylock, seeking his selfish ends who under the name of business, commits deeds of duplicity, sacrifices his friends, if need be, to secure a few more dollars to horde up, that he may glory over the fact that he is a rich man. Poor, deluded man, can he think that riches are measured in cents, or that such spurious prudence will elevate him in the estimation of his fellow-men? A medical man imbued with the idea that culture is of more value than a few extra dividend paying bonds; that good deeds have a worth not reducible to a money standard, and that a place in the galaxy of scientific men is worth more to them who come after him, than the leaving of a few thousands of dollars behind him for them to spend, will find that his prudence has been farseeing.

The biography of such men is stranger than fiction, and if read by the young man in medicine, early in his career, will do more to elevate the standard of the profession than legislative enactments for higher education. There is a consolation in such a life which money cannot give; there is a joy in it which strikes a sympathetic cord in the breast of the high-minded man, and leads him on to higher planes of action. Such a life has been one of business, a business equaled by none, and crowned with a reward of eternal life.

F. P. N.

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Entrance Examinations.

WITHIN a few weeks the medical colleges of our land will throw open their doors for the reception of students, to start again "the grind," which leadeth to the formation of doctors of medicine. Already, the registration of students is going on, and the first year man, yet to have his eye-teeth cut, swells with pardonable pride, when his inside pocket contains the matriculation ticket, which says that he is enrolled as a student in his chosen college, subject, however, in many cases, to his passing the required entrance examination, which takes place on his arrival at the college. This proviso, he will soon learn is in the great majority of institutions, of no consequence, and merely a bluff to make him think requirements are real, instead of apparent.

To a certain extent, the movement inaugurated in St. Louis recently, by the State Board of Health, to have united action of the various medical colleges of the city, as regards entrance examinations, will be lived up to, and will confer benefit upon the profession of medicine. But knowing *this* fact, there never was a lock devised but that there was a means devised for cracking it; there never was a law inaugurated but that some schemer devised a plan to defeat its purposes; and so when it comes to entrance examinations, we know that while the purpose and intent of the law is good, it will here, in St. Louis, be stretched and distorted so, that its own mother would hardly recognize it, if she should meet it on the street.

So long as the spirit of commercialism and competition, which, alas! pervade the "objects and purposes" of such an organization as a medical college, there will be a letting down of the bars, where in the best interests of the college (?) it is expedient not to draw too fine, the line of demarcation between the fit and unfit for the noble, high-minded profession of medicine. We are reminded that competition is the life of trade, and a long list of matriculants and graduates in a medical college annual announcement is supposed to say to its rivals, "trade is booming in our neighborhood." To keep in the swim, the rivals must publish a list of real or straw men of equal or greater length, and the merry war is on. Now, to get matriculants there must be some inducement to draw the students, either reduced rates or easy examinations, must be the attraction—probably both. These matriculants, armed with their bargain day sale of matriculation tickets, are then gathered beneath the sheltering roof of their to-be Alma-Mater, there they must present credentials for the approval of the State Board of Health, and then we see the curtain rung up on the most amusing act in the farce comedy of examinations. Think of such questions as the following being propounded, as fit to determine qualifications for entrance into a medical college, viz.: How long is a piece of string? What is the difference between fizz and bumfuzzle? When does a calf become a cow? If a dog and a half cost a dollar and a half, what will two dogs cost? Where was Moses when the light went out? Some will ask whether the above questions were really asked; we know to our personal knowledge that an oral examination was commenced with the first question and ended with the last. In Milwaukee they have a school in which you can graduate by answering the above questions, providing you pay $35.00. At Chicago's famous sundown colleges, one of which is now in trouble with the staid and reliable Harvard

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University, all you have to do is to certify, before a notary, that you are competent to practice medicine, and you get your diploma on payment of a nominal fee. No questions asked. Now, Missouri has started the ball rolling in the right direction by requiring entrance examinations, but if she wants to keep her name and fame free from tarnish, she will have to watch the trap for the unfit, now that she has set it, to see that its springs work, and that some fellow don't fool with the machine. We hope to see the determination of the necessary qualifications of individuals to study medicine, and to practice it, determined by a Board of Examiners. The present lock is a good one, but it is so easily cracked by those who know how.

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The Claims of the Feeble-Minded.

MISSOURI, with all her boasted prosperity and advanced civilization, is decidedly backward in her State charities. She is the one great State west of the Mississippi, which has seen fit to ignore the claims of the feeble-minded children. She is one of the great States in the Union, which has given little or no consideration of the claims of this dependent class. Think of all the leading States of the East, the West, the North, and many of the South leading Missouri in State charities, and especially in the care of the feeble-minded. Is it because Missouri is unenlightened, backward in consideration of the public's good, that she is content to rest on her oars, and let the unfortunate dependents shift for themselves? Missouri has had the eyes of the Nation directed toward her lately, during the great calamity which befell her beloved city, St. Louis; also during the assembly of great men of the Nation in convention, and pleasing, has been the favorable comment regarding her resources, ability and largeness of heart. Had they seen the other side, what would have been the verdict? Had they known that in every county house in the State, huddled together with no regard to their improvement, physical, intellectual or moral condition, there could be found the imbeciles and idiots of the state; that the epileptic and the chronic insane, too, found lodgment here, and that at best such county-houses are an abomination, an eye-sore to enlightened civilization; that the powers that be in authority are responsible for this neglect; that they have known for years of the demands for relief, but for reasons best known to themselves, the claims have gone unheeded; knowing all this, what would have been the verdict?

Again, there are in family homes throughout the State many sad cases of imbecility demanding the care of the State, to which they are entitled; many cases capable of improvement by education and physical care; many cases that by correct training may become self-supportive and be useful citizens, but being deprived of their inalienable right, an education, by a negligent State, they must needs go on and become dependents upon this same State.

From an economic standpoint, to say nothing of the sociological feature of the case, it would be money in the State's pocket, to establish an institution designed for the education and care of the feeble-minded, rather than permit the present inhuman, uncivilized condition to continue.

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The physicians of Missouri are in possession of facts, which if presented to their respective legislators ought to, at least, occasion some consideration of the needs of this class of dependents, and greatly benefit all concerned. The physicians must urge the necessity for action. THE MEDICAL FORTNIGHTLY proposes to keep its guns trained and in action until something is done. F. P. N.

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Caste in Medicine.

THE unsophisticated sentimentalist is immediately in hot water when he commences to study the supposedly greatness of some medical men. Especially does this apply to the metropolitan portion of the profession, where amidst the rivalries of medical colleges, societies and cliques, the littleness of great men, is conspicuous to the observant eye. So marked does this become that it too frequently resembles what in society we should call lack of requisite reticence, of decorous self-control. The lines of demarcation between rival factions are plainly drawn. Yes, they are as conspicuous as the "negro's white cat in a black alley." But this division pales beside that indigenous caste in medicine ever and always present in city practice. This indellible line deeply and boldly drawn, is as salient a thing in medicine as the chill is in malarial poisoning, which it very much resembles, by the way. There is much genuine humor, pathos and well--we will say it—foolishness in the conduct of the stickler on caste. His radius for the measurement of the good things in life, is so short, that actually in its sweep, which he supposes takes within its circumference everything knowable or worth anything, he really leaves out the delights of contemplation of the brotherhood of man and the greater virtues, which are the essentials of greatness. Have you ever met such a man? If you have, you know what the deep-lying difference is between a real man and a puppet. This man who tells you that Dr. A. has no standing, because he does not dine in a dress suit daily, or because his patrons can not all write their incomes beyond five figures, or because he has no driver in livery and sports no turnout (with a mortgage on it) that dazzles the eyes of the four hundred; or because he does not live on the boulevard, where rents are so high that the signal service could use them for the study of the upper air currents; or because he chooses to have his wife ride with him occasionally when he goes to visit patients, and she prefers to wait outside in his phaeton all alone rather than intrude her presence where she is not needed; or because he prefers during his leisure hours to spend his time with his loved ones at home, rather than be a maudlin idiot at the club; or because he does not fall into line with the eccentric caprice of some leader of society and adopt the latest fad. On these grounds we have seen the lines of caste drawn, they are being drawn daily.

Dr. B. wont play in Dr. C.'s yard, because Dr. C.'s practice will hardly pay his rent; Dr. D. wont slide down Dr. C.'s cellar door, because Dr. C. lives on a side street; Dr. E. wont "haller down Dr. F.'s rain barrel, because Dr. F. employes but one servant; Dr. G. wont give Dr. H.

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a bite of his apple, because Dr. H. was raised in the country where *Rusticus* was born.

Now, just think of how much is here pathetico-humorously implied. I dare say, that many of these fellows who pride themselves on being of the circle which is not contaminated by the common herd of doctors, are themselves, of even more humble origin. But having at length, in their career, become successful, famous and possibly rich, they have become auto-intoxicated; their frail self could not stand prosperity without poisoning their personality. Like authority, success sometimes makes asses of men, who without it are good citizens.

We admire that successful physician who has won his way upward and prevailed, that can, like the much loved German poet, Jean Paul Richter, "Jean Paul the only," endear himself to every one who comes in contact with him by his forgetfulness of self, becomes pathetically almost, gentle, kind and considerate of his fellow-men, and his fellow creatures all, of earth, air or sea. To such a man their is no caste, no distinction, all men with a true heart are his brothers. Foolish prejudices are by him thrown away—he knows they are purile, he says the physician who draws the lines of caste is like other people. Every one knows, says he in the words of Richter, that they are like the earth, which looks from a distance, from heaven, like a shining moon, but when the foot is upon it it is found to be made of *bone de Paris* [Paris mud]." Away with caste in medicine, and he who would support it, should be given a nursing bottle, a bib, a jumping jack, and have the slipper judiciously applied upon him. F. P. N.

AMERICAN PUBLIC HEALTH ASSOCIATION.— The twenty-fourth annual meeting will be held at Buffalo, N. Y., September 15–18, 1896. The Executive Committee have selected the following topics for consideration: The Pollution of Water-Supplies; The Disposal of Garbage and Refuse; Animal Diseases and Animal Food; The Nomenclature of Diseases and Forms of Statistics; Protective Inoculations in Infections Diseases; National Health Legislation; The Cause and Prevention of Diphtheria; Causes and Prevention of Infant Mortality; Car Sanitation; The Prevention of the Spread of Yellow Fever; Steamship and Steamboat Sanitation; The Transportation and Disposal of the Dead; The Use of Alcoholic Drinks from a Sanitary Standpoint; The Centennial of Vaccination; The Relation of Forestry to Public Health; Transportation of Diseased Tissues by Mail; River Conservancy Boards of Supervision. Upon all the above subjects special committees have been appointed. Papers will be received upon other sanitary and hygienic subjects also.

NATIONAL ASSOCIATION OF RAILWAY SURGEONS,
Treasurer's Office.

KANSAS CITY, MO., July 2, 1896.

My Dear Doctor:— Please allow me to congratulate you upon the excellent character of your journal, both as regards its literary contents and advertising pages. With best wishes for you and yours, I am,

Fraternally, E. R. LEWIS.

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Original Department.

PAPERS for the Original department should be in hand one month in advance, and contributed to THE MEDICAL FORTNIGHTLY exclusively. A liberal number of extra copies will be furnished authors, and reprints may be obtained at reasonable rates, if request accompanies the manuscript. Engravings from photographs furnished free.

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How to Teach Medicine and Surgery

A Symposium.

PART III*

How to Teach Surgery.

BY WALDO BRIGGS, M. D.,

ST. LOUIS, MO.

Dean and Professor of the Principles and Practice of Surgery and Clinical Surgery, St. Louis College of Physicians and Surgeons; Chief Surgeon Baptist Hospital; Consulting Surgeon, St. Louis City Hospital.

(Exclusively for THE MEDICAL FORTNIGHTLY.)

IN considering the subject from which you have requested of me an epitome, "How to Teach Surgery" I find it most difficult to express in words that which would indicate how to instruct in the many little things absolutely necessary for the student to interpret. The many lesions and abnormalities in practical surgery (and in speaking of practical surgery, I believe it is the only method by which the main features of the surgeon's art can be inculcated in the minds of the medical student, so that practical results in his own work may be the outcome) render it most difficult to accurately classify and orderly arrange a perfect science of teaching.

The old method of didactic teaching is to my mind of little value at the present day, for it is an impossibility by simple lectures to explain fully enough the pathology, or even the teacher's views in practical work so that a student can gain that instruction by which he can profit in his daily life. We shall take as an illustration the subject with which all practitioners are liable to come in contact at any time—a condition that requires immediate action in operative measures—that of the different forms of hernia. We can give the student a precise anatomical lecture on the many different layers in the overlying structures of the swelling. We can give him a complete history of the origin and the different symptoms of differentiation. We may make it apparently so clear that the student may consider his knowledge sufficient to perform the operation readily and easily. Yet with all his thorough knowledge in his first operation he will find that it is of little value, and that he will be completely lost in determining the different layers about which he was so positive. Now in the practical demonstration of this same subject the teacher would have little difficulty in pointing out the different layers, and of informing the student by observation when he had reached the covering of the contents of the sac.

*PART I—"How Gynecology Should be Taught," by Henry T. Byford, M. D., Chicago. June 1, 1896.
PART II—"Obstetric Teaching," by Charles Jewett, A. M., M. D., Brooklyn, N. Y. July 15, 1896.

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This method gives the student more valuable information in one case than could be derived from any number of lectures upon the same subject.

As a further illustration we will consider some of the abnormalities and injuries that occur within the abdominal cavity, and we shall call attention first to the structure overlying the cavity with the many landmarks upon the surface which lead us to a positive diagnosis of existing conditions. These lines, caused by the wrinkling or folding of the skin, should be carefully noted: Their locality, direction and termination are as necessary as anatomical relation of muscles. These surface markings are clear pathways to the condition within the cavity, for their effacement shows us positively that it is the pressure from within outwards that effaces them. Likewise a

WALDO BRIGGS, M. D.

knowledge of percussion can only be gained by the student himself, or by the teacher producing the different sounds by percussing and carefully calling the student's attention to the distinctive difference in sounds of dullness and resonance, which could not possibly be explained satisfactorily by any number of lectures in didactic teaching.

Another illustrative subject is that of inflammation, the basis of nearly all surgical work. We are familiar in the teaching of this subject with the many definitions for the condition, such as perverted action of the capillary blood-vessels of the parts, a disturbance of the mechanism of nutrition, response of living tissue to injury, the process of repair, etc., naming as symptoms, redness, heat, swelling, pain and loss of function. I feel that with the methods heretofore adopted for the teaching of this condition students may receive only an indefinite conception of the condition and cannot possibly understand the different phases without close observation and examination of an inflamed area. Only by actual demonstration can he be shown a number of necessary things that can readily be gained by close observation.

To my mind one of the most important portions of surgical teaching so often neglected is minor surgery; the use and method of applying bandages, application of the different forms of splints, suturing of parts and ligating arteries.

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All this should be done frequently, not only by the surgeon himself, but in classes of students upon both cadaver and the living subject. I have found that it takes time for the student to learn the application of bandages properly. They experience as much difficulty in placing a bandage smoothly upon a part as a young practitioner of medicine finds in making up his first prescription. It is just as important to teach practically how to put in a suture, how to apply a splint and retain it by bandages, what form of needle to use in different localities, with the reasons that will be apparent when using it, as it is to require a thorough knowledge of materia medica and the combination of drugs and their action.

Plain conversational language should be used, so that the student can easily understand. Everything in connection with the case should be dwelt upon. In operating, each step after the incision of the knife should be explained and a description of the anatomical structures adjoining the operative field should be given. The method of drainage and closure of the wound, the application of dressings and every detail of after-treatment should be explained; and lastly, the prognosis and final result in each case. This, at first sight, may seem extremely difficult, but with a thorough knowledge of the part and its pathology, the teacher finds it comparatively an easy task.

There seems to be a prevalent fashion among surgical teachers to make use of all the technical terms possible, rarely using the plainer language to describe the case. The student listening to such a lecturer finds, on leaving the lecture room, that he knows very little more than he did previous to the lecture. When an operation has been made he merely knows the diagnosis, and possibly the form of incision, or in other words, the operation has been finished while he may be absolutely ignorant of anything that would have been of vnlue if he should be called on to undertake a similar procedure. I believe that each teacher should give his own experience in the illustration of his cases and not depend upon text-books. In the above I refer to those conditions which are not of rare occurrence.

Another method of teaching rarely carried out in schools and one that has been of greatest assistance to me in teaching operative work, especial gastro-intestinal surgery, is that of experimental work on animals. Students may then be taught to be expert in dealing with intestinal wounds, the proper adaptation of sutures, etc. The causes of failures can be shown, and by frequent experimentation the student gains that dexterity and celerity which is so very important in the field of surgical work.

A thorough quiz before each lecture upon the subject taught in the previous meeting is of the utmost importance; through this means subjects are impressed upon the student's mind which would be very difficult to grasp from mere lectures. Failure to elicit correct answers necessitates careful explanations on the part of the teacher.

In closing, I will again state that it is my belief that the use of plain *everyday* conversational language with less theorizing and fewer technicalities is the very best method. The teacher should make his lectures as practical as possible, leaving the theories for the student to accept after graduation.

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The Medical Fortnightly

A Case of Lateral Implantation of Placenta with Hemorrhage—Twin Pregnancy.

BY H. S. CROSSEN, M. D.,

ST. LOUIS, MO.

Superintendent and Surgeon in charge of St. Louis Female Hospital; Member of the St. Louis Obstetrical and Gynecological Society; Member of the City Hospital Medical Society.

Read before the City Hospital Medical Society.

THE case I report to the society to-night is one of hemorrhage in the beginning of labor. My diagnosis was lateral implantation of the placenta. I think that a small portion of the placenta, and only a small portion, was attached within the dilating zone of the uterus. It was, therefore, a case of placenta praevia.

The patient, who is 26 years old and a native of the United States, has had good health generally, with the exception of a year near the beginning of menstruation. She began to menstruate at the age of thirteen. At the end of her third menstruation she suffered a severe fright and menstruation ceased for a year. During that time she was in very poor health. Had headaches, hot flushes and cardiac distress. For two months she was somewhat mentally unbalanced. The menses returned a year later and continued regularly.

The patient was married ten years ago, and has given birth to three children—previous to the pregnancy just passed. All her children were born at full term, but all were very small. The first, nine years ago, and the last, two years ago, each lived only a few weeks. Those labors were uneventful. With the second child, two years ago, she had hemorrhage at the beginning of labor, very much as with the labor I now report. That child, though small at birth, is living and well. No miscarriages. No abortions. The first day of her last menstruation was July 10th.

The usual symptoms and signs of pregnancy developed. Fœtal movements were noticed about the first of December. My first examination was made May 11th. She then had gone about three weeks overtime.

Examination revealed as follows: Patient of medium size. Height five feet three inches. Weight about 150 pounds. General health good. No evidence of rickets or syphilis. Thoracic organs apparently normal. Abdomen was unusually large—circumference 39½ inches. Fundus of uterus near ensiform cartilage. Palpation of the fœtus was unsatisfactory. I could detect a back, or at least a large firm part of one fetus, in the right side of uterus. In the left side, where there should have been only small parts, I felt another large resistent mass which occupied the right side and upper part of the uterus. The fetal heart sounds were 150 per minute, distinct and in right side below the level of umbilicus. The uterine murmur was distinct and heard in the left lower quadrant. Later, in the same examination, I heard fetal heart sounds above the umbilicus near the fundus of the uterus. But I could not then hear them in the first position, nor could I detect any appreciable difference in the two, so thought that possibly the child in its movements had so changed its position as to shift the location of the heart sounds, as stated. However, this and the anomalous signs on abdominal palpation were enough to arouse the suspicion of twin pregnancy,

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and I mentioned the circumstance to the patient, and noted on the history "two bodies?" But the pathognomonic sign of twin pregnancy, i. e., two separate series of fetal heart sounds, I could not detect. By vaginal examination the presenting part was felt far up in the pelvis, but I could not make out certainly which pole of the fetus it was. Pelvic measurements showed the pelvis to be a trifle small, but still within the normal limits.

Patient continued well until May 31. About 6:30 A. M. of that day, while seated at the breakfast table, she was suddenly seized with pain in the lower abdomen and hemorrhage from the vagina. The hemorrhage was quite severe, immediately soaking through her clothing to the chair and floor. She was placed on a bed and scrubbed and cleaned for examination. Examination revealed the cervix somewhat dilated, the opening being about the size of a quarter. The membranes were intact. An extremity (hand or foot) could be felt through the membranes. The hemorrhage had ceased. Questioning elicited the fact that patient had had a slight hemorrhage two days before, but as it was very slight and unaccompanied by pain she failed to report it. She had had backache more or less during nearly all her pregnancy, but no decided pains until that morning. She was moved into the confinement ward and prepared for delivery. A more thorough examination then revealed that the presenting part was a hand. Neither the head nor breech of the child could be felt by the examining fingers on gentle manipulation. Exploration of the internal os for an inch or more above it revealed no placenta there. The fetal heart sounds were found above the umbilicus near the median line. They were distinct and about 140 per minute. No second series of fetal heart sounds was heard.

Uterine pains came on every four or five minutes, but were very light. Patient complained of localized pain in upper part of uterus on right side. She was pale, and pulse was weak, though not very rapid (about 100). She was subjectively quite sick—complained of nausea and thirst, and wished to vomit.

Diagnosis.—Labor.

Transverse (or rather oblique) presentation of child.

Lateral location of placenta.

I decided to give time for the cervix to dilate, and when dilated, or nearly so, to rupture membranes, bring down the feet and deliver. This was, of course, with the proviso that nothing occurred in the meantime necessitating immediate delivery.

Accordingly instruments and dressings were prepared and kept in readiness for rapid delivery, if such should become necessary, and the patient was closely watched. Examinations were made only at long intervals, and then gently, that the membranes might be preserved intact until the os was dilated. At 11 A. M. the os had dilated a small amount. The fetal heart sounds were still good. Patient rested quietly on her side. No fresh hemorrhage. The fetus had evidently shifted its position, as the hand could no longer be felt at the os. At 12:30 the cervix was about half-way dilated. A hot vaginal douche of plain sterilized water was then given to increase the pains and hasten dilatation. By 2 P. M. the cervix lacked only a small amount of being dilated to the usual extent for the beginning of the second stage. Patient was again complaining of nausea, but there was no additional external hemorrhage. By the hand, the dilatation of cervix was

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made as complete as possible, and then the membranes were ruptured. The fetus was situated obliquely, the breech being at the left side of the pelvic inlet. The feet were seized and brought down and the child delivered without difficulty. This child occupied the right and lower part of the uterus. After the cord had been tied and the child taken away, the hand was again introduced into the uterus and the second amniotic sac was found to be attached to the left wall of the uterus. The child in this was situated head down. The membranes were ruptured and podalic version performed with immediate delivery.

Both babies were males. The weight of the first was five pounds, and of the second six and a quarter. They were both apparently well formed, and after a little stimulating with cold and warm water they cried vigorously. In about ten minutes the placenta of the second child came away, with some assistance by Crede's method, and was followed in a short time by the placenta of the first child. Each placenta was entire. The one belonging to the smaller child was only about half as large as usual. That of the larger child was only slightly smaller than normal. The hemorrhage had evidently come from a portion of the larger placenta, situated within the dilating part of the uterus. The opening in these membranes extended to the edge of the placenta, and at the same portion of the placenta there were some very dark clots that had the appearance of having been there several hours, and also what appeared to be a small decolorized blood clot from a hemorrhage some days previously. With the delivery of the second child there was a small laceration of the perineum requiring two sutures. The patient's recovery has been uneventful. The children are doing well.

Besides the circumstance connected directly with this labor, there were two other interesting points in this case:

First, the patient had a severe hemorrhage, probably due to the same cause, in a previous pregnancy. Second, the period of gestation, as counted from the first day of the last menstruation. was 326 days. I found nothing by which I could satisfactorily explain away enough of this period to bring the time of gestation within the ordinary limits. The patient had been regular in menstruation since the birth of her last child, two years before. It is generally supposed, I believe, that in twin pregnancies labor comes *before* the usual time more often than after it.

Now, as regards the treatment of hemorrhage in pregnancy and the first stage of labor, I will say but little, as the time is limited, and I am anxious to hear a general discussion of this subject, especially the actual experience of the member of the society—the treatment they have employed and the results obtained in such cases. When a hemorrhage from the vagina occurs an effort is, of course, made to find the cause of it, and, also, if late in pregnancy, whether or not labor has begun. To determine this a vaginal examination will be necessary. And in this connection there is one point I would like to emphasize—a point that is liable to be forgotten or neglected in the hurry to determine the exact state of affairs – and that is, that the genitals and vicinity should be scrubbed with soap and water and cleansed with an antiseptic before any internal examination is made, provided, of course, that the life of the patient is not in immediate danger from the severity of the hemorrhage. The same is true of the physician's

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hands. The attempt to exclude infection is even more important here than in normal labor, because these cases generally require more extensive internal manipulation, thereby increasing the chances of infection.

In the diagnosis there must be taken into consideration ordinary threatened miscarriage, placenta previa, premature separation of a normally placed placenta, diseased conditions of the cervix and vagina and rectal affections. Regarding rectal affections in this connection, I noticed a short time ago the report of a case in point. A physician was called to see a patient seven months' pregnant, who stated that she had been having hemorrhages, apparently of moderate severity, since the fourth month of pregnancy. Her regular physician had made a diagnosis of low placental implantation. The consultant, by vaginal examination of the lower uterine segment, could find nothing abnormal. On making a rectal examination, to more thoroughly explore the lower uterine zone, there was a gush of blood from the rectum, and also some from the vagina. The cause of the hemorrhages which had persisted for three months was a bleeding rectal ulcer. And part of the blood found its way into the vagina through a minute recto-vaginal fistula. The question of treatment of uterine hemorrhage at the period stated, resolves itself principally into the question of treatment of placenta praevia. I will not attempt to give a synopsis of the different methods of treatment in this condition, but will simply state that treatment which I consider the best, hoping that the other methods will be brought out in discussion. In a case similar to the one reported to-night, I would again employ the treatment there carried out. Should the hemorrhage be continuous, and the patient in labor or near term, I think rapid manual dilatation, with subsequent rupture of membranes and delivery by version, offers the best prospect for the mother and child. During manual dilatation the hemorrhage can be controlled to a considerable extent by separating that portion of the placenta in the vicinity of the internal os, and by pressure of the fingers in the lower uterine segment. I know that under such circumstances a firm vaginal tampon would be recommended by many. And the tampon is often indispensable as a temporary measure, i. e., to lessen the hemorrhage until the operator secures necessary assistance, and prepares himself and the patient for further manipulation. But where the hemorrhage is continuous and the diagnosis is clear, and the pregnancy at or near term, I think that the uterus should be emptied as soon as possible, and that manual dilatation with version and delivery is, as a rule, the best method. If the patient is so situated that she can be closely watched for hours by the operator, then the vaginal tampon may be left in until the cervix is dilated or another hemorrhage occurs. But the patient should certainly not be left, trusting to the tampon to control the hemorrhage.

As to placenta praevia in pregnancy sometime before labor, the best results, as far as I have been able to learn, have been obtained by the immediate induction of premature labor. By this plan many children are no doubt sacrificed, but not nearly so many, so it is claimed, as would be by a waiting plan, in which the children, and often the mothers, succumb to sudden hemorrhage, before assistance can be obtained.

I was very much interested in the report of a discussion on this subject in the New York Obstetrical Society. The occasion of the discussion was a paper on placenta praevia, in which the author expressed the opinion, that

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in all cases of undoubted placenta praevia, in any stage of pregnancy, whether there was a chance for the child's existence outside of the uterus or not, the obstetrician did not do his full duty by the mother, unless he emptied the uterus at once. In the discussion which followed, and in which several of the members participated, there was not a dissenting voice from this opinion. The only difference of opinion was as to the best method of emptying the uterus.

Still I think that every case is a study in itself, and should be treated on its own merits. And I cannot but believe that there occur cases of placenta praevia in the sixth and seventh months of pregnancy, in which the patient is anxious for offspring, in which the hemorrhage is slight and of short duration, and the patient is able to take the best of care of herself, and to secure the constant attendance of a skilled nurse who can tampon in an emergency, if necessary—I cannot but believe, I say, that there are cases of this description in which the gestation should not be interfered with until the fetus has reached an age that insures its ultimate survival.

H. C. Croscen

MISSISSIPPI VALLEY MEDICAL ASSOCIATION—CHANGE OF DATE.

ST. LOUIS, July 30, 1896.

EDITOR MEDICAL FORTNIGHTLY:.

I desire to announce to you that the date of the meeting of the Mississippi Valley Medical Association has been changed to September 15, 16, 17, 18, in order to permit the members and their families to take the opportunity accorded by this change to make a pleasant tour through the Yellowstone Park, so justly celebrated as the Wonderland of America.

Prominent resident members of our Association in St. Paul and Minneapolis are formulating plans for the special Yellowstone Park excursion trip, to leave on the evening of September 18th, arriving in Mammoth Hot Springs in the Yellowstone Park about noon on the following Sunday, and devoting the following five days to the wonders of this remarkable region, returning to St. Paul, Sunday, September 27th.

The cost of the trip, including all expenses west of St. Paul, will be announced in due season, but we are authorized to say that the figure will be a very favorable one, and we simply wish at this time to make the preliminary announcement of this most enjoyable feature of the St. Paul meeting, so as to give members the opportunity of making their plans in advance to join the party. It is desirable that there be a party of 100 or more, in order to obtain the benefit of the special train service in both directions.

It is urged that all members who desire to join the party should send their names to Dr. C. A. Wheaton, Chairman of the Committee of Arrangements, St. Paul, at as early date as possible. If you desire to read a paper before the meeting, please send to me the title at once.

Very truly yours,

HANAU W. LOEB, Secretary.

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Alkaloidal Medication.

BY J. P. THORNE, M. D.,

Attending Physician, Palmer Memorial Hospital, Janesville, Wis.

ALKALOIDAL medication is a system which has been gaining in favor among physicians on account of its merits. It is now used by over one-fifth of the physicians of France, and by thousands of progressive practitioners in Europe and America. The system is worthy of the careful investigation of every physician, and the object of this article is to call attention to a few points after an experience of a number of years with alkaloidal remedies. The substances used are mainly the pure alkaloids of plants, the active medicinal principles are isolated, and the useless, crude portions rejected; some metalloids, resinoids, glucosides and concentrations are used. The remedies are administered in granules containing exact doses divided according to the metric scale, hence the system is also called the dosimetric system.

Alkaloidal granules are accurate in dose and strength. Each granule contains an exact dose of an *active* principle. This is a great advantage over the ordinary, unassayed fluid extract or tincture, which depends for its effect on certain active principles of unknown quantity.

Dosimetric medication is efficient and satisfactory in practice, known agents in mathematically correct doses are given with the expectation of exact action. The result realized is usually the prevention, jugulation or cure of the disease. The system is convenient in use, as the granules are easily and quickly dispensed. In general practice a case of alkaloidal granules is of the greatest utility and convenience, as it contains in small compass a great variety of remedies for any emergency or case.

The granules are palatable and easy to take, and this is a point worth considering. I have known physicians who did not believe in what they called the whims of patients for pleasant medicines. But the physician of today who does not give his attention to palatable medication, will find many of his patients going to the more progressive practitioner who does dispense agreeably. The day for black, nauseating compounds has nearly passed away. The manufacturing pharmacists have given us valuable assistance in the production of palatable preparations, and it is to our own best interests to use such productions. One of the most agreeable forms of medication is with the alkaloidal granules.

The ready solubility of the alkaloidal granules is another desideratum. The granules quickly dissolve, are easily absorbed and give prompt effects. If desired, they can be dissolved in water before being administered; this is a good way, sometimes, to give them to children, as the dose can thus be subdivided into any desired amount. Alkaloidal granules when properly made should be so pure and soluble as to admit of being used hypodermically whenever desired.

One of the fundamental principles of dosimetry is the jugulation of acute disease. This is done by combating the symptoms at the very beginning, instead of delaying active treatment until a perfect type of some disease has developed, and then treating the named disease. Many diseases can be successfully jugulated with alkaloids, much suffering avoided, and the confidence, esteem and patronage of the patient secured.

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Some object to the small dose, but the small dose repeated as often as needed does the work; however, if desired the dose of any medicament can be increased by giving a number of granules at one time. There are many of the alkaloidal granules which are active and strong enough for any one, such as morphine, strychnine, glonoin, colchicine, codeine, etc.

The alkaloidal system is not a new practice of medicine requiring extended study, as some seem to think, but a little attention to the subject will enable any physician to apply the remedies successfully. It is not my intention to represent that dosimetry will supplant all the various established lines of treatment, but I believe it should take the place of many of the crude preparations still in use, and I know any physician, whatever his school, who will add dosimetric medication to his armamentarium will please both himself and his patients by the better results obtained. The learned Dr. A. Burggraeve, of the University of Ghent, founded the dosimetric system, which has been developed by him and other earnest workers in Europe and this country, until today we have a system of therapeutics which is convenient, pleasant, rapid, scientific, safe, exact and efficient.

Latour says: "It is therapeutics which elevates and ennobles our art; it alone gives it an object; and I may add that by it alone can this art become a science."

If physicians would give more attention to rational therapeutics and spend less time over petty jealousies and the differences of pathies, we might reach the ideal condition which Burggraeve, the father of dosimetry, predicts: "Dosimetry will bind physicians together in one great brotherhood, and will raise the professional dignity, promoting greater harmony and good feeling between each member of the fraternity."

J. P. Thorne, M. D.

FIFTH SYMPHYSEOTOMY AT LONG ISLAND COLLEGE HOSPITAL.—Professor Charles Jewett, Professor of Obstetrics at Long Island College Hospital, recently performed the fifth symphyseotomy at that institution, and both mother and child survive. We do not need to remind the profession that Professor Jewett performed this operation for the first time in this country. This is his third case. At the same institution Dr. R. L. Dickinson and Dr. R. H. Pomeroy, have each performed the operation once. Besides these five, Dr. J. L. Kortright has also performed the operation, making in all, six symphyseotomies for Brooklyn. All the mothers have survived and four of the children, the two lost died after birth from causes not connected with the method of the delivery.—*Brooklyn Med. Jour.*

THE BRITISH MEDICAL ASSOCIATION is now in session in London. THE FORTNIGHTLY will present a report of the proceedings and portraits of the shining lights of the convention.

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BIOGRAPHICAL.

H. R. PORTER, M. D., NORTH DAKOTA.

BY W. T. PARKER, M. D.,

GROVELAND, MASS.

[*Written expressly for The Medical Fortnightly.*]

Dr. H. R. Porter is the only surviving surgeon of the three who were on duty with Custer's command in that never-to-be-forgotten battle on the Little Big Horn, where so many gallant men perished. Dr. Lord was killed on the hill with Custer's men. Dr. DeWolf was killed near the top of Reno hill. Dr. Porter had many narrow escapes while attending to the wounded and dying, bullets and arrows flying around him thick and fast. Every man that took part in the fight on Reno hill, will always remember and think kindly of Col. Bentren; his bravery and coolness brought them through. A braver man never lived. This is what he says of Dr. Porter, in a recent letter: "I know of no doctor in the regular corps who would have performed the work which Dr. Porter did, with his small force of assistants; don't think there was or is one in the army. There was no nonsense, no gush about him, only just a strict attention to his duty, and as modest about it as a girl in her teens."

DR. H. R. PORTER.

Such is the record of Acting Assistant Surgeon H. R. Porter, U. S. Army. Could anything reflect greater credit upon his professional sagacity or his manly courage?

Dr. Porter was born in Lee Center, Oneida county, New York, in 1848. He was graduated at the University of Georgetown, D. C., in 1872. The same year, he was appointed an Acting Assistant Surgeon, U. S. A. He served in the field in Arizona and Dakota, and at Camp Grant and Camp Hancock. His services were most highly appreciated, and his gallantry in action attracted considerable attention. A movement is on foot to obtain for him, if possible, the coveted U. S. Medal of Honor for gallantry. His military services terminated in 1887.

He has since been President of the Medical Society of North Dakota, and Superintendent of the Board of Health of Burleigh county, Dakota. He has also been Vice-President of the Board of Examining Surgeons for United States pensions at that point. He is a member of the Council of the Association of Acting Assisting Surgeons, U. S. Army, and Vice-President of the Society of Veterans of the Indian Wars.

His present residence and address is Bismarck, North Dakota.

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The Reviewer's Table.

Books, pamphlets, instruments, etc., for this department, should be sent to the Managing Editor, Saint Louis.

A MANUAL OF ANATOMY.—By Irving S. Haynes, Ph. B., M. D., Adjunct Professor and Demonstrator of Anatomy in the Medical Department of the New York University; Visiting Surgeon to the Harlem Hospital; Member of the Society of the Alumni of Bellevue Hospital, of the American Association of Anatomists, etc., etc.; 134 half tone illustrations and diagrams. Philadelphia: W. B. Saunders, 1896.

This work is another valuable addition to the Saunders' New Aid Series; it is especially designed for the use of students, but, assuredly, the graduate as well can glean many advantages from even a cursory review of the Manual. The author has wisely shown the importance of regional anatomy and surgical land-marks; he has aptly grouped the various chapters in the order of dissection. The illustrations throughout the book, as well as the directions for dissection, both show the originality of the author and the excellent results that can only be attained by indefatigable toil for years in the dissecting-room. The chapters upon the brain, the perineum, and the abdomen are deserving of special mention. Aside from its intrinsic value as a literary production, much credit is due the publishers for the admirable fashion in which they have set forth the fruits of the author's labors, producing a handsomely bound volume, attractive in appearance, with excellent type and lucid illustrations. We bespeak a pronounced success for this Manual, which will interest and entertain the student as well as the profession at large.

R. G.

TRANSACTIONS OF THE ANTISEPTIC CLUC.—Reported bv Albert Abrams, a Member of the San Francisco Medical Profession. In one large octavo volume, illustrated by pen and ink sketches and specially designed by Moss and Tiers, printed on disinfected paper, artistically and substantially bound in antiseptic dressing. Price $1.75. Presentation Edition. First impressions, large paper, extra quality. Gilt top, uncut edges, half vellum cloth, limited to subscriptions received, and numbered. Price $2.75. E. B. Treat, Publisher.

The seemingly perverted use of medicated pulp and carbolized ink is not always abortive of beneficial results. Truth is often a nauseous pill to swallow; here it has the sugar-coating of humor flavored with unalloyed sarcasm. In the transactions of the Antiseptic Club the thoughtful physician will find much to awaken his curiosity and interest; from the organization of the club, the various papers read and discussed, the testimonials considered, the cases submitted, the hypoderm, and finally the dental clinic at its rooms, all will be found redundant with effervescent exuberance. Charles Lamb says, "A laugh is worth a thousand groans in any market." Here a hundred laughs may be provoked to animate the muscles of mirth, atrophied from the disuse incident to the cares and anxiety of medical practice. Those in quest of a case find here a needed repose in the refreshing outbursts of wit and humor which bubble and sparkle with health-giving cheer as the tale is told; and not a line will be found to be "extra dry."

THE STOMACH, ITS DISORDERS, AND HOW TO CURE THEM.—By J. H. Kellogg, M. D. Illustrated. Modern Medicine Publishing Company, Battle Creek, Mich. 1896. 8vo, cl., pp. 370.

This book is gotten up in handsome and substantial binding, and contains much that is of value, both to the physician and to his patient. Although a popular work, it is not intended to displace the physician, but rather to be an aid to him in the hands of the intelligent patient. Medicine is relegated to the rear, and treatment is confined entirely to dietetics, hygiene, baths, massage, calisthenics, etc. Diet lists are appended which are most excellent. The chapter on Quacks and Nostrums cannot fail of a salutary effect on the minds of lay readers. The illustrations are well chosen and well executed, save the frontispiece. This is as variegated as was Joseph's coat of many colors.

H.

PAMPHLETS.

MEDICINE AS A PROFESSION. (Rutger's College Targum.)—By Louis F. Bishop, M. D.

SOME NEWER PROBLEMS IN ABDOMINAL AND PELVIC SURGERY IN WOMEN. (American Journal of Obstetrics.)—By Charles P. Noble, M. D.

A COMPARATIVE OF TH7 OPHTHALMOSCOPIC CONDITIONS SEEN IN INTERSTITAL NEPHRITIS. (Philadelphia Hospital Reports, Volume III, 1896.)—By Charles A. Oliver, A. M., M. D.

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Society Proceedings.

MEDICAL ASSOCIATION OF THE STATE OF MISSOURI.

Thirty-Ninth Annual Session, Sedalia, May 19—21.

[STENOGRAPHICALLY REPORTED FOR THE MEDICAL FORTNIGHTLY]

Continued from page 364.

DR. JAßEZ N. JACKSON, of Kansas City, then responded as follows:

Mr. President, Members of the "Old Guard," Ladies and Gentlemen: I esteem it both a privilege and a pleasure to, in behalf of the younger members of the profession, render even a modest tribute of respect and love to these members of the "Old Guard," many of whose temples have become silvered and their forms bent beneath the weight of long years of responsibility in the service of suffering humanity.

The high reverence and honor in which advanced age is today held speaks most eloquently and beautifully for the spirit of Christianity and modern Christian civilization. In days of old, and even today among many of the non-Christianized nations, man's worth has been measured by physical strength and vigor alone. The Spartan, for instance, worshipped at the shrine of physical endurance and muscular force, and looked upon old age, childhood and infirmity as misfortunes, worthy only of neglect and ofttimes of death. How striking the contrast when today strong-armed and brave-hearted youth holds the protection of weakness its most sacred trust, and with tenderness and encouragement extends a cheerful hand to steady the trembling and tottering form in its journey to a peaceful and honored repose.

Our worthy president, with those instincts of gentleness and affection so characteristic of the true gentleman he has always proven himself to be, has happily inaugurated in our society this love feast of medicine, where together the old and the young doctor can meet and exchange the wisdom of experience and the enthusiasm of progress to the mutual benefit and encouragement of each.

The present has been called the age of young men. Progress in science and in art, as well as in commerce and civilization, has been rapid and marvelous, and he who would keep pace must indeed be wide-awake and energetic. In the conceit of youth we are sometimes prone to boast of the superiority of our modern knowledge and discredit the practices of our fathers and forefathers in medicine. But, after all, what have we to boast of but the inheritance of the knowledge which they have given us? It is these members of the "Old Guard" who have "blazed the way through pathless forests" and let the sunlight of truth pierce the dense jungles of ignorance and superstition. Modern science is a monument to the labors of those who have gone before, and we are the inheritors and not the authors of their truth. All honor, then, to these our Nestors, and may we, their sons, but hope and strive to follow in their lead, and advance the grand work which they so nobly have begun.

But as I look into the faces of these honored friends, and see there still the bright eye of intelligence, and the features indicative of active mental reserve, I feel like asking: "What is age, and can we call this truly the 'Old Guard?'" And in answer to these questions, I recall the beautiful words of an honored member of our profession, Dr. Oliver Wendell Holmes, who, when esteemed old, to his former classmates said:

Has there any old fellow got mixed with the boys?
If there has, take him out without making a noise;
Hang the Almanac's cheat and the Catalogue's spite.
Old Time is a liar. We're twenty tonight.

We're twenty. We're twenty. Who says we are more?
He's tipsy—young jackanapes—show him the door.
"Gray temples at twenty?"—Yes, white, if we please;
Where the snowflakes fall thickest there's nothing can freeze.

Was it snowing I spoke of? Excuse the mistake;
Look close—you will see not a sign of a flake.
We want some new garlands for those we have shed,
And these are white roses in place of the red.

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And here's to our boyhood, its gold and its gray;
The stars of its winter, the dews of its May.
And when we have done with our life-lasting toys,
Dear Father, take care of thy children, THE BOYS.

And so, members of the "Old Guard," may your hearts and minds ever retain the vigor and enthusiasm of twenty, that yet for many years we, the members of the "raw recruits," may profit by your counsel and encouragement, and consecrate our lives to the profession you have so highly honored.

At Wednesday morning's session DR. PAUL PAQUIN, of St. Louis, read a paper on "Early Diagnosis and Treatment of

CERTAIN LUNG DISEASES."

He said that all slow lung diseases should be regarded as suspicious as nearly all chronic pulmonary troubles are of tuberculous character. Late diagnosis means almost certain death in a large proportion of such cases. So a slight, chronic cough should never be regarded as a trivial matter, as 90 per cent are of suspicious origin and 85 per cent prove tuberculous. For this reason "bronchial catarrh," "bronchial irritation and such like expressions are not justifiable or at least should not be continued as a diagnosis. And if with the continued cough there be even a slight amount of dullness the patient should be given the doubt and at once placed upon proper anti-tuberculous treatment. Examination of the sputum should be made for the detection of the bacillus tuberculosis; and also for the presence of pus and of broken down lung tissue. The mere failure to find the bacillus does not mean absence of tuberculosis, for often the germ is not found until quite late in the disease; finding it simply confirms the diagnosis made upon the physical signs present. In the matter of treatment, the first great lesson the medical profession has to learn is to abandon "cough syrups," "cough drops" and all other mixtures containing narcotics, at least until quite late in the disease when they are sometimes demanded to give physical rest, but even then they probably hasten the fatal ending. Treatment may be divided into three groups. (1) General measures. These include proper attention to hygienic surroundings, proper clothing, pure air, etc.—all thoroughly understood by most physicians nowadays.
(2) Dietetic measures. This consists in the use of animal food, albuminoids, etc., also now well established by fixed rules. (3) Medical agents. It is here that a great change is taking place; and much is to be anticipated from the antitoxines; or serum therapy. Quite a large number of cases have been thoroughly treated by this method; of these forty have been, apparently, completely cured without change of residence; others—particularly those treated late—have shown but little improvement; a few no change whatever for the better. But none have been injuriously affected.

DR. C. F. WAINRIGHT, of Kansas City, believed that heretofore too much reliance has been placed upon the microscope; as a rule it is too late to cure a patient after the bacilli are readily detected in the sputum. A diagnosis is easy if one is careful in his examination long before the appearance of the bacilli; and if proper measures be adopted a large proportion of cases can be cured. Nature cures a far larger percentage of these cases than generally supposed. The pulmonary gymnastics advised by the essayist cannot be endorsed because serious trouble may follow: Over inflation may rupture the inflammatory barrier nature has thrown out to isolate the infected area. In Kansas City the serum treatment has not given as good results as creasote with forced feeding and open air life.

DR. B. H. ZWART, of Kansas City, wished that more physicians would recognize the fact that tuberculosis is not an inherited, but an acquired disease; too many of them fail to make a correct, early diagnosis because they cannot find the element of heredity formerly regarded as almost a necessity. Rest, with low altitude, proper amount of air and good food will cure many cases even without any medication.

DR. PAQUIN agreed that heredity simply causes a weakness or predisposition to tuberculosis and that the general measures advocated by the speakers are essential to complete success;

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but still better results may be obtained when they are combined with serum therapy.

DR. JABEZ N. JACKSON, of Kansas City, read the report of the committee on

PROGRESS OF SURGERY.

It was chiefly an appeal in favor of conservatism and of fewer operations. There has undoubtedly been an excess of zeal, especially on the part of inexperienced operators; it has only too often been the object of the rash surgeon to merely prolong life—or even to obtain a desirable "specimen"—without due regard to the future of the patient. Every operator should have three things in view: (1) To save life, (2) To preserve function. (3) To conserve form. In brain surgery not as much is now being done as some two or three years ago; and it is better so since incurable conditions were attacked by over-zealous enthusiasts; such operations have greatly advanced our knowledge of pathology but have not proven of therapeutic value. In epilepsy it has been proven that excision of the cortex is of no benefit, except in a very few cases of the focal or Jacksonian variety; and even here the resultant scar has often proven as bad as the original lesion in producing the epileptic seizures. But tumors having epilepsy as a symptom should be removed. Traumatic epilepsy should be prevented rather than cured, as late operations have not been followed by cure in as large percentage of cases as was hoped would be the result. In microcephalia operation is once more receiving attention as it has been found that operation has a good disciplinary effect upon the parents or guardians of the idiots and in this way considerable benefit is ultimately obtained; but it is doubtful if it is advisable except under unusual conditions. In abdominal surgery there has been entirely too many exploratory sections, by amateurs; such operations should be done only by the masters and in cases of extreme doubt; the average surgeon should not enter the abdomen unless he knows exactly what the condition is and that he is capable of properly treating it after opening the belly. In fact there are entirely too many attempting to do abdominal surgery; the time has now come to call a halt and to say emphatically that the ordinary doctor should not attempt to do any abdominal surgery excepting emergency work; chronic cases should be referred to the skilled specialist in surgery. In appendicitis there should be more medicine and less surgery, unless expert operators and experienced ones are at hand; but the tendency is perhaps just now a little too strong to drift back to the do-nothing plan; this also is extremely wrong—worse even than indiscriminate operating—and is to be combatted; the happy mean should here be the rule. Extirpation of the uterus also seems about to be carried to an extreme, especially in inflammatory disease which ought to yield to less radical measures; neither the uterus nor its appendages should be removed for pain alone; ovaries should not be removed save for gross lesions. Hysterectomy for fibroids is to be condemned unless the tumors are causing serious trouble or are liable to do so soon. Conservative, or at least non-mutilating operations upon the female pelvic organs are gaining ground—such as resection of the ovary, drainage instead of removal of diseased tubes, myomectomy rather than hysterectomy, vaginal drainage in pelvic abscess and some forms of extrauterine pregnancy, currettage instead of salpingectomy in chronic inflammatory but non-purulent disease, removal of an ovarian tumor without sacrifice of the ovary and tube, etc.; and they have much to commend them.

DR. O. WILLIAMS, of Versailles, opposed operation for idiocy and for most cases of epilepsy, as only harm can result in many instances; and the same is true of appendicitis unless careful, experienced surgeons can be had to do the work.

DR. E. H. GREGORY, of St. Louis, spoke against indiscriminate operations for appendicitis, as well as for epilepsy, removal of glands of the neck, opening the chest, and removal of the apex of the lung. He especially condemned operations for the radical cure of hernia.

DR. H. H. MUDD, of St. Louis, defended operations for hernia because modern methods of cure are quite satisfactory and are really less dangerous than the let-alone plan of treatment.

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He pleaded for early operation in epilepsy—many cases of traumatic origin can be relieved permanently if operation be done soon after the development of the symptoms; but late operation is worse than useless. He expressed himself as favoring operation in every case of appendicitis in which it is certain that pus has formed. He favored enucleation of fibroid tumors when possible; and condemned the Murphy button.

DR. JAMES H. ETHERIDGE, of Chicago, exhibited a patient and spoke of

MEDICAL DIAGNOSIS IN GYNECOLOGY.

This is a part of gynecology too much neglected. Too many doctors pounce upon some uterine or other pelvic trouble, treat it industriously for months and end with an inglorious failure; and then pause to wonder why they have not cured the patients. The careful gynecologist carefully examines the whole patient beginning with the head and going down to the extremities. Two things are of special significance: Headache and backache. With the head there are a few simple rules, often ignored, yet of extreme importance from a diagnostic and therapeutic standpoint. Of particular import is the locality. Thus (1) a coronal headache means (a) pelvic disease or (2) stomachic disorders—mostly the former, (2) a frontal headache signifies (a) some error of digestion or (b) a local trouble in the nose—hence is not of gynaecological importance. (3) An occipital headache depends upon (a) some kidney lesion, (b) trouble in the bowels, chiefly constipation and absorption of poisons, or (c) rarely, some cardiac disease. (4) A temporal headache may be due to (a) neuralgic conditions, in which instance it is found on the same side as the local irritation. (5) A general headache may be (a) syphlitic, (b) rheumatic, (c) febrile, (d) malarial.

The patient who complains of a "pain in the small of the back" should be made to definitely state the seat of pain as "the small of the back" with women means any part from the occiput to the coccyx; and exact location means much to the diagnostician, because it may be said that pain in the back depends always upon some derangement of an organ which lies anatomically in front of the painful region. The upper dorsal pain indicates disease within the chest. The lower dorsal pain points to disturbances in the stomach or duodenum—frequently to the gastro-duodenitis which complicates pelvic disease. Lumbar pain depends upon (a) kidney lesions, (b) colon troubles or (c) disease of the small intestines. A fixed, boring, dull pain at the lumbo-sacral junction points invariably to uterine disease. Sacral pain accompanies disorder of the ovaries, tubes or bladder, or all of them. And pain in the coccyx is a sign of rectal trouble.

The chest should also be carefully examined as cardiac and pulmonary disease may so complicate pelvic derangements as to completely overshadow them.

So also the stomach should receive most careful attention because gastric disturbances which terminate in marked anaemia may be the chief cause for the symptoms which are presumed to be dependent upon pelvic disease. Fermentative dyspepsia, as evidenced by the evolution of gas and acid eructations, may be the sole source of trouble even when the patient complains most of the pelvis. In such cases if the disease of the stomach be not cured it is wholly impossible to relieve the gynaecological trouble.

Very careful attention should be paid to the abdomen. Tympanites and swelling are often exceedingly deceptive. The colon, especially the ascending portion, when the site of accumulation of faeces, has often given rise to a diagnosis of ovarian disease when there was none; relief of the long-continued constipation with its attendant absorption will often dissipate all symptoms of supposed ovarian disease.

The kidney, too, is often a source of error in diagnosis. This is particularly the case with floating kidney, displacement of the right one being frequent and misleading. It is so common as to be found in at least two or three of every fifty women examined; some have said as high as five or six. It is a frequent source of "gynaecologic discomfort." But it is chiefly the non-elimination of excretary matter through deficient kidney action that gives rise to many of the ills from which women suffer. The urine should, therefore, be examined in every gynaecological case.

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Here the centrifugator will be found of much value in making a speedy diagnosis.

As already mentioned anaemia is one of the greatest disturbing elements in diseases of women. The blood should for this reason be invariably examined with the haemometer. If the blood be found deficient the condition must be corrected before we can hope to be of much service in overcoming the pelvic disorder.

DR. A. V. L. BROKAW, of St. Louis, gave some conclusions drawn from his

EXPERIENCE IN PELVIC SURGERY.

He advised boiling instruments, gauze, towels and dressings at the time of operation instead of relying upon previous sterilization. He favored a small incision, enlarged if necessary; most pelvic work can be done through a two or three inch opening wich is far safer than a larger one. Protruding intestines must be returned AT ONCE. Usually they will not be in the way if the patient has been properly prepared by thorough catharsis, etc. He counselled against ligation en masse—it being better to cut away an ovary and tube between clamps and then catch up and tie the vessels separately as would be done in any other part of the body. He recommended beginning behind in removing fibroid tumors, especially when one is going to attempt enucleation. Above all, rapidity is desirable. He regarded flushing the abdomen as preferable to rough sponging; and gauze packing as far better than the consumption of much time trying to check deep oozing or to tie small vessels down at the bottom of the pelvis. Quick closure is always indicated, but it is best to stop to pull the omentum carefully down behind the incision to prevent adhesion of intestines. Stitch-hole abscesses are to be avoided where possible on account of their tendency to lead to hernia. He favored abdominal instead of vaginal section for the removal of pyosalpinx and condemned hysterectomy except for cancer or tumor.

DR. A. H. MEISENBACH, St. Louis, spoke in favor of the buried suture in closure of the abdominal incision. The peritoneum being speedily closed by catgut suture, the operator can take his time for completing the stitching and thus prevent many cases of ventral hernia.

DR. H. C. CROWELL, of Kansas City, said that the judgment of most operators is now marked by the strong sentiment in favor of so-called conservatism, which is sweeping over the country; and much harm will result. Too many operations have doubtless been done by incompetent doctors ambitious to become surgeons, but not enough has been done by competent men. There are today thousands of patients, particularly women, who ought to be subjected to operative treatment who are being "tinkered" and drained and dosed with medicines which do but little good. So far as appendicitis is concerned, it is a purely surgical disease, and there is no medical treatment, properly speaking.

DR. LEWIS SCHOOLER, of Des Moines, Iowa, agreed in regard to the necessity for operation in all cases of appendicitis, the necessity being especially urgent in the recurrent variety. He also favored operation for radical cure of hernia in spite of the condemnatory words spoken by the aged and distinguished surgeon Gregory.

DR. A. H. CORDIER endorsed fully all that had been said in favor of operations. Papers pleading "conservatism" are written for "the other fellow"—not for the surgeon who does the writing! Such papers as that of the report on "progress of surgery" are expensive to human life. Too few operations are being performed by the careful, conscientious, experienced surgeon; too many by the reckless, ambitious, incompetent men—hence the tidal wave in favor of conservatism, which is not viewed from the standpoint of the greatest good to the greatest number.

DR. I. N. LOVE, of St. Louis, opposed operation in every case of appendicitis, as many patients entirely recover on medical treatment.

(To be Continued.)

The insane hospital at Clarinda on June 10 graduated a class of fifteen nurses, seven of which were women and eight men.

Cincinnati has 761 physicians registered in her city directory.

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Fortnightlettes

The Cuban army has eighty surgeons in its medical department.

The leper colony at Indian Camp, Louisiana, has thirty-one victims of this disease.

The death of Sir George Johnson, F. R. S., physician extraordinary to her majesty the queen, occurred on June 3, after a brief illness.

The Illinois Humane Society has announced its intention to prosecute cyclers who carry infants or young children on their wheels.

Malaria is practically extinguished in Rome. The city has a population of 467,000, and the death rate from this disease has decreased from 650 in 1881 to 125 in 1895.

Charles M. Nes, M. D., died at York, Pennsylvania, June 12, aged sixty-nine years. He was the inventor of the Nes silicon method of converting iron ore into steel.

MURDER GROWING TOO COMMON.

Out of every seventy-five persons convicted of murder in this country, only one is hanged. Every year since 1890 the number of murders committed in the United States has more than doubled that year. The number of murders committed here in 1890 was 4,230; in 1894, 9,800; in 1895, 10,500.

KING HUMBERT APPROVES.

The King of Italy has lately sent to the president of the Italian Red Cross Society the sum of 100,000 francs, with a letter in which he states that he has followed with the greatest consolation the beneficial and humanitarian actions of the Red Cross Society in Africa.

OUR NATIONAL UNIVERSITY.

The bill establishing a National University of the United States has been reported favorably by the senate committee. It grants a charter to the university, provides for its government, grants it the ground in the City of Washington designated by President Washington as a site for a National University, and appropriates $15,000 for the fiscal year ending on June 30, 1897, and $25,000 for the year following.

DR. C. H. TEBAULT,

of Tennessee, has succeeded the late Dr. Joseph Jones, of New Orleans, as surgeon-general of the United Confederate Veterans.

DR. HANS VON HEBRA,

the son of the "father of dermatology," formerly privat-docent, has now received the appointment of professor at the University of Vienna.

CHOLERA IN EGYPT.

The official cholera statistics show that during the week ending June 27th there were 1,383 new cases of the disease reported and 1,091 deaths.

ONLY THREE LEFT.

The danger surrounding the army surgeon is forcibly demonstrated by the report of the recent engagement at Abba Carina, Abyssinia, in which seventeen out of twenty were killed while rendering professional service.

THE POLICE NOT TO INTERFERE.

The police of New York City are now instructed to leave untouched the effects and surroundings of any person dead from suicide, homicide, or suspected poisoning, until the coroner or his representative shall have seen the body.

MARRIAGE OF EPILEPTICS.

Connecticut has enacted a law which provides that no man and woman, either of whom is epileptic, imbecile or feeble-minded, shall intermarry or live together as man and wife, when the woman is under forty-five years of age. The penalty is not less than three years' imprisonment.

THE AMERICAN NEUROLOGICAL ASSOCIATION.

Dr. M. Allen Starr of New York has been elected president of the American Neurological Association for the ensuing year. The meeting of this association recently held in Philadelphia was one of the most successful in the history of the organization. The next session will be held at Washington in 1897 in connection with the American Congress of Physicians.

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ADDITION.

Now 1 and 1 are 2, 'tis true;
But if the 2 do marry,
Then, in a year, 'tis also clear,
They're 2, and 1 to carry.
—The Mathematician.

SIGNS OF ADVANCEMENT.

The Japanese are advancing in medicine, as in all else. At recent professional examinations, twenty-seven Japanese ladies presented themselves among the candidates for qualification to practice.

EPILEPSY IN IOWA.

Iowa has four thousand epileptics. Half of this number are confined in the county poorhouses, state asylums for the insane, and homes for the feeble-minded, but the remaining two thousand unfortunates are devoid of provision for their care.

MEDICINE UP TO DATE.

Physician of the New School (after turning X ray on the patient)—Your case is a somewhat complicated one. There is slight trouble with your left lung, and I observe enlargement of the liver and fatty degeneration of the heart. Kindly hand me that $2.54 in your right-hand trousers pocket and I will prescribe for you.—N. A. Medical Review.

A CHINESE ABSALOM.

A coolie, who had been engaged in sanitary work connected with the plague at Hong Kong, and had, with others, been imprisoned for receiving bribes, committed suicide in his cell the other day by hanging himself with his own hair. Twisting his queue round his neck he attached it to a ventilator, and, with a drop of a single foot, managed to dislocate his neck.

SPANISH TROOPS IN CUBA.

The warmer weather has increased the virulence of contagious diseases among the Spanish troops in Cuba. No reliable statistics are published, but it is confidently asserted from observation that yellow fever is daily increasing the death rates. Smallpox is also raging in many parts of the island. One town is known to have suffered ninety-six deaths from the latter disease during the past month.

AND IT WAS SUCCESSFULLY DONE.

Dr. W. E. Davis (colored), of Fort Worth, reports a successful Caesarian section (Texas Courier Cecord of Medicine, May, 1896), performed by himself, assisted by Drs. Higgenbotham and Anderson (both colored). The operation was necessitated by a deformed pelvis of the mother.

HONG KONG AND THE PLAGUE.

Bubonic plague continues to spread in spite of the efforts being made to stamp it out. In January the number of cases daily was, in round numbers, scarcely two; in February there were four daily; in March, five; in April the average had risen to ten. Among the 316 cases recorded during last month there were two European sisters belonging to the Italian convent, and a student of the College of Medicine for Chinese, all three of whom died. Of 715 cases since the year began, 629 have proved fatal up to May 4th.

BY AID OF ROENTGEN RAYS.

While the great Chinese statesman, Li Hung Chang, was in Berlin recently, he took advantage of the opportunity and had the bullet which he carries in his cheek located by the Roentgen rays. It will be remembered that while in Japan arranging a treaty of peace between that country and his own, a would-be assassin shot him. The skiagraph shows the encysted missile in his cheek, slightly below the point of entrance.

A STATUE TO PASTEUR.

M. Tony Noel has just finished a statue of Pasteur, to be placed in the market place of Alais, where the illustrious scientist made his famous researches in the diseases of silkworms. The statue is declared by the relatives and friends of M. Pasteur to be an excellent likeness, and artistically it is a very successful piece of work. Pasteur is represented erect, gazing fixedly at a sprig of mulberry covered with cocoons which he holds in his left hand. At his feet is a young girl in a graceful attitude handing him other cocoons. Near at hand are a microscope and a box of scientific instruments.

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NEW YORK POST-GRADUATE MEDICAL SCHOOL AND HOSPITAL.

The fifteenth annual announcement of this institution has just been issued. Five hundred and forty-two physicians from all over this continent have attended the courses at the institution during the past year. More than one thousand operations were performed in the hospital, which is one of the largest in the city, containing special wards for babies and children, while nearly twenty thousand patients were treated in the out-door department. Recent discoveries have revolutionized medical and surgical methods, and a man whose medical education ended fifteen years ago is not a physician or surgeon within the present meaning of the term. Post-graduate medical instruction is for the purpose of furnishing to these graduates in medicine a means of refreshing their knowledge. It supplies them with the opportunity of coming in direct contact with disease by means of special courses in all the departments of medicine.

A REPRESENTATIVE NUTRITIVE PREPARATION.

The investigations of the past few years have clearly demonstrated the fact that the albumoses are much superior to the so-called peptones in nutritive value. This point is well brought about by Dr. G. Scognamiglio (Riv. Clin. e Therap. No. 2, 1896). He shows that the reason which led numerous authors, especially v Noorden, Pfeiffer Ewald and Zuntz to institute experiments with albumoses preparations was that most of the peptone products in use were unable both from a theoretical and practical point of view to meet the requirements of good nutritive preparations. From the experiments of Volt and Andre it appears that the peptones are not converted in the organism into albumin and therefore do not take any part in the formation of tissue; further, they have not the same nutritive value as albumin and less oxidation capacity. The bitter taste o fthe peptones also greatly detracted from the utility of these preparations, especially in private practice. Although newer methods of manufacture have effected improvements in these products the albumoses in Scognamiglio's opinion are greatly to be preferred both on account of their high nutritive value rendering it possible by means of them to replace the entire quantity of the albumins required in the daily needs of the organism and by their freedom from taste and odor. As a matter of fact the many authors who have published their experience with Somatose which is the representative albumoses preparation, have coincided in the opinion that it is a nutrient par excellence, which is useful both in acute and chronic affections, especially cancer and phthisis. Scognamiglio has particularly studied the influence of Somatose on the constitution of the blood. He employed it in three cases of chlorosis in which examination by means of the Thoma-Zeiss hematometer had revealed a considerable diminution in the number of red blood corpuscles and an increase of leucocytes. During the treatment hematometric examinations were made every five days, which showed a progressive increase of the erythrocytes, although aside from Somatose no other remedy was employed. A qualitative change of the morphological elements of the blood was also manifest. The number of microcytes and poikilocytes diminished in the course of treatment. Examinations of haemoglobine were further made every five days by means of Fleisch's hematometer and Bizzozero's chromocytometer. It was found that while at the beginning of the treatment the quantity of hemoglobine was much reduced it had returned to its normal amount after two months use of albumoses preparation.

NEW YORK POLYCLINIC MEDICAL SCHOOL.

Dr. W. W. Van Valzah has been elected professor and Dr. J. Douglas Nisbet, adjunct-professor in the department of general medicine at the New York Polyclinic Medical School and Hospital.

HARVARD VS. HARVARD.

Harvard University, on behalf of its medical school, has filed a bill in the United States court in Chicago, against the Harvard Medical College of Chicago, seeking to enjoin the latter from the use of the name "Harvard," as being a fraud upon the university and the public.

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Medical Melange

REFILLED FREE.—The Zumo Pharmacal Co. wish it known that duplicate pads will be supplied for the aluminum prescription books, upon application.

HONORED BY HIS STATE.—We are pleased to announce the election to the Massachusetts legislature of our old friend, Dr. W. R. Hayden, of Bedford Springs, Mass. Although the doctor is well along in years, and has been dubbed "the Father of the House," he possesses more ability and real stored-up energy than many younger men, and we hope to see him live to make a brilliant record.

THE REASON WHY.—We have in preparation a little circular in which is set forth some of the claims of THE FORTNIGHTLY to the euphonious title "The Happy Medium," which in medical journalism is now synonymous with "Biweekly." In the meantime we should be pleased to hear from any subscriber or patron who can give a good reason for calling the magazine a "happy medium." Can you not think of one?

THE CLEVELAND MEDICAL JOURNAL announces its removal to new and commodious quarters in the New England building, a sky-scraper on Euclid avenue. The *Journal* has demonstrated the fact that a publication may achieve greatness, even though domiciled in unpretentious quarters. We congratulate the *Journal* on its prosperity; we shall expect its good qualities to be emphasized now that it is in a location so eminently favorable to medical journalism.

THE STEUBEN SANITARIUM, at Hornellsville, New York, has the reputation of being an ideal resort for those afflicted with nervous or chronic diseases. All modern improvements, as well as every appliance which will in any manner aid in the restoration of health, will here be found. The surroundings themselves are calculated to give one a new lease on life. The air is pure, and every attention is given to the hygienic and sanitary condition of the buildings, which are picturesquely situated. Dr. J. E. Walker, the Superintendent, has had many years of experience, both in this country and abroad, and is assisted by an able corps of physicians.

NEW INTERNES IN THE ST. LOUIS HOSRITALS.—After considerable delay, returns are in, and twenty young doctors are established as internes at the city and female hospitals. The examination this year was one of more than usual interest in that, while it was more than ordinarily difficult, the grades were higher, all around, than in previous years, a fact which reflects great credit on our various colleges and on the classes graduated in '96. The following is a list of those who received the highest grades and who have received their appointments: Drs. H. L. Hempelmann, J. E. Coleman, A. F. Henke, J. Dean, T. L. Bradley, H. L. Montague, E. J. Washington, C. L. Fahnestock, J. L. Meyer, J. C. Calhoun, J. M. Blakemore, R. L. McElvoy, W. Baumgarten, W. E. Sauer, W. H. Pauley, J. O. F. Farrar, M. Weiner, P. Von Phul, W. Brokaw and W. L. Schuchat. Of the twenty, six were from the Missouri Medical College, nine from the St. Louis, three from the Marion-Sims, one from the Barnes, and one from the American.

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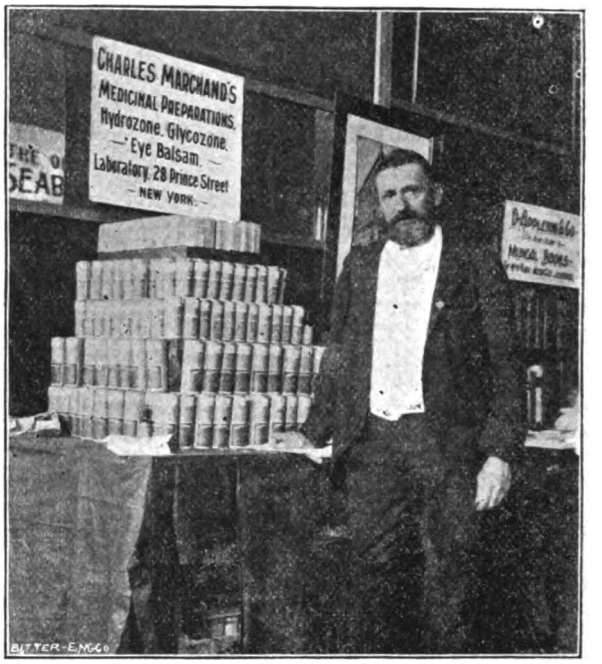
A FAMILIAR SCENE

In the Atlanta Exhibit Hall, American Medical Association, May, 1896.



Snap-shot by Fast. *Engraved for The Fortnightly.*

PHYSICIANS who contemplate attending the meeting of the Mississippi Valley Medical Association in St. Paul, September 15, should remember that the best line from St. Louis is the favorite Burlington Route. Perfect service and fastest time maintained in all seasons.

THE LARYNGOSCOPE.—We take great pleasure in acknowledging the receipt of the first number of *The Laryngoscope*. The profession has long been expecting something of more than ordinary merit in the way of an ear, nose and throat journal for St. Louis. *The Laryngoscope* even surpasses our expectations; it is truly a high class journal. The demand for journals on general medicine and surgery is so amply met that we could hardly commend the wisdom of any additions to the list, but *The Laryngoscope* enters territory hitherto unoccupied, and is certain to meet appreciation and cordial support. We would extend our best wishes to *The Laryngoscope*, and to Drs. Rumbold and Goldstein, its able editors, whose energy is well known to the medical profession, and makes the entire success of their venture a foregone conclusion.

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The Medical Fortnightly

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CHARLES WOOD FASSETT, - Secretary and Business Manager.

A COSMOPOLITAN BIWEEKLY FOR THE GENERAL PRACTITIONER.

THE MEDICAL FORTNIGHTLY is devoted to the Progress of the Practice and Science of Medicine and Surgery. Its aim is to present topics of interest and importance to the General Practitioner, and to this end, in addition to a well selected corps of Department Editors, it has secured correspondents in the leading Medical centers of Europe and America. News of Societies, and of interesting medical topics cordially invited.

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Volume X. AUGUST FIFTEENTH. Number 4

Editorial Department.

The So-called Schools of Psychology.

THE contented devotees to scientific medicine have again had their peaceful meditations interrupted by the fervid enthusiast. This time the war-whoop comes from the so-called psychologists, who propose to create an epidemic of enthusiasm over their methods of treatment of diseases and sink rational medicine into oblivion. Their wigwam is located in Chicago, where they undoubtedly have a regular three ringed circus. Osteopathy is destined to be but a side show compared to this new aggregation, which proposes to treat free of charge all who may come to the shrine. This enormous combination (show bill language), of ecstatic exaltation, fantastic visions and concentrated fanaticism ought to out do Lourdes, Kirksville and other great seats of the mystic powers that be. Zola should come to this country, where he could weave a romance around this real school of pyschology, and with a world wide distribution of such a novel, Chicago would be the destination of more pilgrims than her thirty-seven jail wards could accommodate. But this new and

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would be famous school is not content with merely treating free, all of the diseases to which mind and matter are suffering, but is desirous of teaching this art and science to novices.

It proposes to make professors out of all who present themselves, then they, like the disciples of St. Still of the Kirksville Shrine, can go out in the by-ways and hedges and work the public for gold—no free silver, no 16 to 1 ideas allowed, nothing but standard gold dollars are wanted, and they propose to get them. We seem to be still living in the days when ostentation rather than merit has the public ear.

And so long as the public will listen, new schools, new practices, all surrounded with the air of mystery will be created, live and have their being and then die the death of the unfit and be buried in the dead past. But like the ghost of Bancho, quackery will not down, and seems always to come to torment the science of medicine by its effrontery. F. P. N.

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Self-Reliance.

IN the growth of our clinical experience in medicine, we think thoughts, solve problems and mature methods which, if communicated to the medical world, would materially help toward extending the usefulness of our profession and, too, give us a place among its workers. It is to be regretted, that physicians in general, regard their own thoughts and methods as of too little importance, inane and purile; some day while glancing over their recently received medical journal, they see outlined some new idea regarding disease, which they recognize as their own rejected thoughts. And if they are students of Emerson, they recall his essay on "Self-reliance," this much at least, "that a stranger with masterly good sense," has said, "precisely what we have thought and felt all the time, and we are forced to take with shame our own opinions from another."

The credit goes to the man who dared to publish his opinions. Now, in medicine, as in society, men are disposed to be conformists and humbly accept the dictates of others. Opinions in medicine, are largely the utterances of men who had self-reliance enough to utter their thoughts, they are published, widely copied in medical journals, and in time are recorded in our text-books. They become traditions, and, as such, are looked upon as sacred things. Physicians accept them, they conform to their teachings and hold them as inviolable.

It is easy to follow such a beaten path of tradition, and to make professional life one daily routine in the empirical tread-mill, but if in your experience and thought, you decide that there are new things in medicine, and decide to give utterances to these views, then you antagonize conformity, and are forced to retire from your solitude and become an independent fighter for truth. Emerson says, "For non-conformity the world whips you with its displeasure." How true this is in medicine. For non-conformity the medical world whips you, not only with its displeasure, but your independence, unless you happen to belong to that invulnerable metropolitan few, who by reason of their imagined culture, class themselves as the leaders in thought in medicine. The young man engaged in practice in the rural dis-

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tricts, reads his own thoughts uttered by these leaders in medicine;" his self-trust is shaken, he takes it as a rebuke and warning to him, that it is reserved to the urban practitioner to make known to the world such thoughts, he, as a rural practitioner, must be a conformist—hence the weakening of his self-reliance.

How deserving of praise, of distinction and of honor are many of the men in country practice today, who overawed by the seeming disparity of positions allow their city brothers to capture the priority of things new in medicine, which they, too frequently, indeed allow to escape from their own hands. From the county medical society, has come some of the greatest advancements in medicine and surgery, which, not being fully appreciated in the home of their own creation, have reached the city to be established there as the product of the city practitioner's own originality. Let each practitioner be self-reliant, and tell his own thoughts. As Emerson says, "Else if you would be a man speak what you think in words as hard as cannon-balls, and tomorrow speak what tomorrow thinks in words again, though it contradict everything you said today." Above all, speak and claim your own position and power in medicine. Do not feel because it is you, your thoughts are not worth the paper on which you would write them; they have worth, and you should keep them under "your own feet." Remember, "when private men shall act with original views, the lustre will be transferred from the actions of kings to those of gentlemen."

F. P. N.

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Flushing of the Face.

WE often have a rosaceous condition consisting of dilated capillaries situated about the nose and cheeks, and associated with frequent and unpleasant flushings of the face. The skin has generally an oily, greasy appearance, and the sebaceous openings are large with a comedo probably filling it. In the majority of cases a history of flatuence and intestinal fermentation can be obtained with the always accompanying lassitude, headache, sleepiness and capricious appetite. These patients are generally large eaters, who bolt their food. The diet will be found to be of the regular American type, as the patient will tell you, mainly meat and and vegetables. In women who do their own cooking, or who are often over a stove, the rosaces is more pronounced, caused by the dilating influence of the heat as an exciting cause. A dilated stomach will often be found as a cause, allowing the foods to be poured into the duodenum improperly digested or prepared for that part of the canal, with the subsequent duodenal effects and fermentation. The toxic material absorbed acts, I believe, directly upon the vaso-motor centers, dilating the capillaries, not only in the face, but such dilatation can be found on other portions of the body if looked for.

These few explanatory remarks are made to draw attention to the action of one drug in these cases, but of course any one will understand that, diet and properly prepared foods should not be omitted in the treatment. Ichthyol used internally is the remedy, par excellence, in the treat-

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ment of all rosaceous conditions. It is in some cases almost a specific, but the use of the remedy must be continued for a length of time, its effects being slow, but continuous. It can be used in pill form, in capsule, or in water. The dose being from two to five drops three times a day immediately after meals. It is at first unpleasant to take, and may be erupted, but in a few days this passes away, and the drug can be continued without inconvenience. My usual prescription is as follows:

℞ Ammon. Sulfoichthyolate.....gr. ii
Confec. Rosarum.....
Pulv. Lycopodii.....aa q. s. ft. pil. No. i

Unna, of Hamburg, who introduced the use of ichthyol into dermatology, gives it in every case of rosacea, and, as I have seen in his clinics, with marked satisfaction. He prescribes equal parts of the ammonia salt with water, and gives from five to ten drops of this mixture, well diluted, after meals. The local treatment of these cases should be energetic. Obliterate the dilated vessels by electrolysis, the micro-paquelin, or the hot needle. Apply in the beginning a ten per cent resorcin ointment until marked scaling is produced, then a three per cent ichthyol lotion or ointment should be used. There are, of course, numerous local applications that are of more or less value, but the point to which I wish to draw attention is the internal use of ichthyol long continued. Whether its action is thorough, lessening the toxic absorption and toxic production by its power as an antiseptic, or whether it acts directly on the vessels themselves, I cannot say, but under its use the rosacea disappears with the annoying flushings of the face.

We know, though, that ichthyol internally is: (1) An antiseptic; (2) an hepatic stimulant; (3) a mild laxative, probably through its hepatic effect; (4) it has undoubtedly a stimulating effect on the vascular system, as can be demonstrated by the administration in congested conditions of the pelvic organs. M. F. E.

Forthcoming Papers.

THE MEDICAL FORTNIGHTLY has a pardonable pride in calling the attention of its readers to the standard high class contributions with which it is favored. The many well-known medical men of the Mississippi Valley, the West, the North and the East, who have contributed to the original department, testify as to the standing of the FORTNIGHTLY in the world of medicine. We are pleased to announce that we have completed arrangements to maintain this standard, and during the year our readers will be instructed and entertained by writers, teachers and practitioners of recognized position. The ensuing numbers will contain the continuation of the papers on "Medical Teaching" by Prof. S. E. Woody, of Louisville, and others. We have on file also papers by Dr. C. C. Allison, of Omaha, on "Extirpation of the Rectum;" Drs. F. R. Fry and M. A. Bliss, on "Fatal Chorea;" Dr. J. M. G. Carter, of Waukegon, on "Chronic Gastritis;" Dr. E. S. Pettyjohn, of Alma, Mich., on "Effects of Constipation on the Nervous System," and others.

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We have also arranged for our usual clinical lectures, to be published during the fall and winter months. Notable French clinicians will favor us with lectures, through the kindness of our Parisian correspondent, Dr. Thos. Linn. We will, from time to time, announce new features, papers, etc., all of which have for their aim the maintenance of a high class, standard, medical magazine in the West.

DR. BRANSFORD LEWIS has just returned from a month's outing in Colorado.

DR. JNO. A. JAMES JAMES and wife are spending August at Beulah, Colorado, "Rest and recreation seeking."

THE ST. LOUIS MEDICAL ERA announces the removal of its "household goods" to 3039 Chestnut street, from which number it will hereafter be issued.

DR. STEER'S ILLNESS.—It is with profoundest sorrow that we learn of the serious illness of Dr. Justin Steer of this city. Among the FORTNIGHTLY readers are a host of the professor's former pupils, and, with them, we will hope that his illness (heart disease) is not as grave as is reported.

WE have received from our friend Dr. Joseph A. Copps, Medical House Officer Massachusetts General Hospital, Boston, a reprint from the *American Journal of Medical Sciences*, of his classical paper on "A Study of the Blood in General Paralysis," being a study conducted in the laboratory of the McLean Hospital. Dr. Copps is deserving of much praise and honor for this contribution to the pathological study of general paralysis, a disease of which we need to know more. Especially is it important to consider all that may pertain to the possible recognition of this disease ere it has entered the domain of chronicity.

THE GOLDEN BELT MEDICAL SOCIETY.—The regular quarterly meeting of the Golden Belt Medical Society was held in Abilene, Kan., Thursday, July 2, 1896, with the following attendance: Drs. Bellows, Sheldon, Daugherty, Neptune, Brooks, Murphy, Fowler, Curtis, J. W. and H. S. Felty, Hazlett and LaFevre. In the absence of President Harvey, Dr. Hazlett was chosen acting president. On motion of Dr. Sheldon, Dr. LaFevre was selected to prepare a paper treating of the life and works of Jenner for the next meeting. Dr. S. E. Sheldon, of Topeka, read a paper, entitled "Mistakes," which was discussed in a very able manner by Drs. Felty, Murphy, Daugherty and Hazlett. Next, Dr. Hazlett exhibited a case of "Urinary Tuberculous of the Fauces," cured through the administration of nuclein. Dr. C. W. Brooks, of Enterprise, reported a case of "Appendicitis," of a very instructive nature, calling forth discussion from Drs. Felty, Daugherty, Sheldon and LaFevre. The evening session was called to order at 8:30 P. M., with Dr. Hazlett in the chair, and Dr. E. B. LaFevre, of Abilene, read a paper on "Migraine due to Paraxanthin Poisoning." Discussion by Drs. Sheldon, Fowler and Bellows. Dr. W. A. Jolley, of Dillon, was elected to membership by acclamation. Salina was selected as the place of next meeting, to occur October 1, 1896.

E. B. LAFEVRE, Secretary.

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A. C. CORR, A. M., M. D., of Carlinville, Ill., the President-elect of the Illinois State Medical Society, is a college-bred country boy, raised on a farm in the vicinity of Carlinville. His parents were among the pioneers of Macoupin County, having come from the good State of Virginia. Dr. Corr is a graduate of the Chicago Medical College, "class of '68." He has been in practice continuously since that time. In 1885 he relinquished general practice, taking up the special practice of diseases of the eye, ear and throat. Dr. Corr was a charter member of the Macoupin County Medical Society, founded in 1873; he has been an active member of the Illinois State Medical Society for over twenty-five years, and of the American Medical Association for many years. At the Atlanta meeting he was especially active in the Ophthalmic Section. He was appointed by the Governor of Illinois as delegate to the first Pan-American Medical Congress in 1893. He has served as Secretary of the Pension Examining Board for six years and as Expert Examiner for the Alton District. Dr. Corr was elected Vice-President of the Illinois State Medical Society in 1894, and at the Ottawa meeting this year, honored by election to the Presidency. Dr. Corr is of a scientific turn of mind, courteous and affable. He devotes himself entirely to his profession.

DR. C. N. FRAME, of Gilead, Mo., has been spending a few days with St. Louis friends. The doctor reports that Gilead is in an exasperatingly healthy condition this summer.

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Original Department.

PAPERS for the Original department should be in hand one month in advance, and contributed to THE MEDICAL FORTNIGHTLY exclusively. A liberal number of extra copies will be furnished authors, and reprints may be obtained at reasonable rates, if request accompanies the manuscript. Engravings from photographs furnished free.

☞Signature of contributor, for reproduction, should be sent with every article, on a separate slip; use heavy ink, and allow autograph to dry without applying blotter.

Address all communications to the Managing Editor, 911 Union Trust Building, Saint Louis.

How to Teach Medicine and Surgery

A Symposium.

PART IV*

How to Teach Medicine.

BY N. S. DAVIS, JR., A. M., M. D.,

CHICAGO, ILL.

Professor of Principles and Practice of Medicine in Northwestern University Medical School, etc.

IT should be the aim of a course in medicine to teach what diseases exist; what is their nature; what are their mutual relationships, and what is their treatment. This information is best obtained by studying a text-book (that is by a recitation course), and by listening to lectures. It is not, however, sufficient that a student know, that a disease, with certain features or characteristics exists, but he must acquire the art which will enable him to recognize it when he meets it. This art must be taught, first by the instructor in physical and clinical diagnosis, and later by clinical teachers. It can only be secured by coming directly into contact with patients, and by examining them repeatedly. It is not enough that an instructor say to his class, he sees, feels or hears certain things, each student must for himself see, feel and hear often enough to train his senses to recognize the phenomena of disease. Such instruction in the art of diagnosis, can only be given to small groups of students, and it must be long continued.

Physical and clinical diagnosis should be taught early in a medical course, certainly as soon as the student begins to attend clinics. It should be taught practically and theoretically as early as the second year in a four-year course. A student cannot at this time attend advantageously other clinics than those especially planned to give him individual training in *methods* of examining the sick. A large out-patient clinic affords the best facilities for such instruction, as the classes can be made small and the clinics numerous. Each student should, if possible, be brought directly in contact with a patient at least every second day during this year. Instruction in the theory of physical diagnosis may simutaneously be given by lectures or recitations.

If the curriculum of our colleges in the second year was not so full of laboratory work and instruction in the more purely scientific branches, a recitation course covering the whole field of medicine should be given then.

*PART I —"How Gynecology Should be Taught," by Henry T. Byford, M. D., Chicago. June 1, 1896.
PART II —"Obstetric Teaching," by Charles Jewett, A. M., M. D., Brooklyn, N. Y. July 15, 1896.
PART III—"How to Teach Surgery," by Waldo Briggs, M. D., Saint Louis. August 1, 1896.

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But under the conditions existing in most schools, such a course must be postponed to the third year. The function of the course is to acquaint the students with the scope of the field of medicine and with the relationships of diseases, as well as to give them in outline their symptomatology and treatment. Such knowledge is not only necessary in itself, but is essential, that they may comprehend the miscellaneous clinics which they will attend during this and the following year, and it is impossible for a lecturer on medicine, or for clinical instructors, to cover the whole field of medicine in their courses.

In the fourth year the head of the department of medicine should give his lectures. By having a recitation course precede the final lecture course several advantages accrue: A lecturer can devote his time to describing those subjects in regard to which there is the newest information, or in regard to which he has had most personal experience. He may discuss one group of diseases from the standpoint of differential diagnosis; another mainly from the standpoint of etiology and prophylaxis; and a third, perhaps, from the standpoint of treatment; for in this way he will be able to present to his class the most interesting generalizations, or most practical or newest information. Or he may prefer to discuss elaborately and in detail certain groups of diseases only. He can do this without feeling that his class will graduate without having a just idea of the scope of practical medicine, for the earlier recitation course will fill the gaps in his own course. He has a freedom in treating his subject which he would not have if he felt that he must endeavor to describe the major part of medicine in what might be called a systematic manner.

A lecture course and a recitation course each have their place. If a student acquires all his knowledge of medicine from a text-book, the importance of the latter will surely be unduly magnified in his mind. Instead of regarding it as a brief review of the subject, he will be apt to regard it as the whole of medical science. A well executed lecture course, supplementing recitations from a text-book, can not fail to demonstrate that the field of medical literature is only summarized in the latter, and that there is a large amount of detailed knowledge which must be obtained elsewhere. An important attribute of a properly conducted lecture course is also inspiring in student's enthusiasm for observation and study. A lecture course should bear much the same relation to a recitation course that a monograph upon pneumonia or typhotd fever would to the few pages which summarize these subjects in text-books upon medicine.

Clinical instruction should be started in the second year of a college course by the physical diagnosis clinics already alluded to. These can be followed in the two subsequent years by miscellaneous medical clinics which will illustrate as a large number of diseases as possible, and the numerous phases of individual diseases. In clinics a student should be taught to recognize by his senses the symptoms and signs of disease, to reason from them to its nature, to the physiological state of the various organs and tissues; moreover the causation of disease, and the application of drugs and remedial procedures to its cure, as well as their mode of action should be illustrated. If clinics are numerously attended it is impossible to exhibit to

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all the students many of the most important physical signs. The lecturer may make such a demonstration to a few students, and, contenting himself with this, proceed to lecture upon the nature and treatment of the malady which he shows. A clinic conducted upon this plan is to the majority of students a very imperfect demonstration. It is little better than a didactic lecture illustrated by sketches and diagrams. It is, however, the method most frequently adopted. Rarely it is supplemented by an assistant's demonstration of the most important clinical signs to successive groups of students, while the lecturer proceeds with his discourse. This method is also not wholly satisfactory, for confusion is sure to occur, which will both disturb the lecturer and prevent close attention on the part of the class to what is being said. The main aim in general or numerously attended clinics should be to illustrate the groser phenomena of disease, its causation and treatment; especially to discuss differential diagnosis, and to emphasize the connection and relationship of physiological disturbances that exist in many organs; in a word, chiefly to convey information and to emphasize the methods of scientific reasoning as applied to the study of medicine. The majority of clinicians when, for example, they show a case of pneumonia, concentrate the attention of the class upon the physical and anatomical condition of the lungs, only briefly expose its differential diagnosis, and still more briefly its treatment. The physiological and anatomical condition of other organs and tissues and the mutual relationship of their disturbances are scarcely mentioned, although they should form the main topics of discourse before a large class. A pefectly reported autopsy will describe the state of every organ and the relationship of each as cause or effect of the state of the other, or their relationship to a common cause. So in the general clinic a broad exposition of the case in hand should be attempted.

In order that students may not lose the advantage to be derived from examining, in detail and individually, the same patients that are thus lectured upon, and have well illustrated to them the obscurer points in their symptomatology, greater use than has generally been made, should be of daily visits to the wards of the hospital under the guidance of either the chief of clinic or his assistant. Only to small groups of students so conducted through a hospital can physical signs and the minutiæ of clinical diagnosis be best taught. Moreover, if they walk the ward, at least every second day, they can watch for themselves the progress of diseases, and learn by personal observation their course. It is only to such groups of students that the therapeutic action of drugs can be demonstrated. Most clinical instructors describe in their lecture what the treatment of a given case should be, but the student does not learn by repeated observation of the same patient to note the effects of treatment, and to learn from his teacher how to nicely adapt doses of medicines to individuals, or the exact indications for changes in treatment as they may arise. This knowledge can only be acquired by the frequent observation of the same patient. It is a most important mode of medical study, and one often completely neglected.

Students should be required to write full histories and descriptions of cases based upon their own examination of them. This will teach them to make orderly examinations, and lead to accuracy of observation. Practice

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in case recording should be insisted upon in each year in which students receive clinical instruction. Those who teach small groups should require of their students a verbal description of the symptoms they have discovered. It is not so difficult to see, feel or comprehend what is pointed out by an instructor, but to discover symptoms or physical signs and to name them, requires an accuracy and breadth of knowledge which is necessary, although difficult to acquire.

Clinical conferences are assemblies of students under the presidency of a teacher, in which, in turn, they read descriptions of cases that they have been able to examine, making them a text for an exposition of the diseases which they illustrate. The students, after criticism and discussion of the subject by their fellows, must maintain the accuracy and completeness of their exposition. This is a useful mode of instruction, for it is an incentive to thoroughness of preparation of such clinical studies, and the discussions inspire enthusiasm.

If a school is blessed with small classes, a seminar is better still. The literature and all accessible clinical material pertinent to a given subject can there be studied, discussed fully in an informal way by the class, under the guidance of an instructor. A moderate amount of such work is extremely important. It, however, necessitates the possession by a school of a good library upon the subjects to be studied. In this way a pupil can be taught methods of literary research and the value of works of historical interest. The amount of incidental knowledge which he will acquire by such research is always great.

Although to accomplish all that ought to be in the instruction of students in medicine, various methods of teaching must be resorted to, each teacher must be allowed to show his own individuality, or the teaching will become too methodical and lack inspiration. Instructors must be chosen, because they are peculiarly well adapted to give instruction by the method which they are to employ. Certain teachers make excellent demonstrators of symptoms and signs of diagnostic importance; others, excellent clinical lecturers before large classes. While not always so showy, instruction given to small groups of students is often of greater importance than that given to many, therefore, neither the teacher nor the student should estimate the importance of instruction by the number of students who may receive it at one time. To further the interest of schools and students teachers should exhibit less greed for titles and more enthusiasm for teaching.

N. S. Davis Jr.

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High Altitude in Health.

BY HUBERT WORK, M. D.,
PUEBLO, COLO.

THAT the effect of the higher altitudes on disease may be the better appreciated, it is essential that their effects upon those in health be first inquired into, for the same reason that a knowledge of physiology must precede the study of pathology. No animal acclimatizes so readily as man, and because of this adaptability to environments no marked inconvenience is experienced by the great majority of new arrivals in the mountain regions of some 5000 feet elevation.

Increassd frequency of breathing with an accompanying sense of being unable to fill the lungs, is common in some degree to all those who arrive for the first time in *greatly* elevated regions, a disturbance which increases with increased elevation. The diminishing proportion of oxygen as the air becomes more rarefied necessitates the inhalation of increasing volumes of air in a given time, for the æration of the blood in circulation, which is immediately possible only by increased frequency of breathing. This respiratory disturbance rapidly subsides to a more comfortable rythm, in the healthy person, rarely amounting to acute distress in any case. Permanent increased chest circumference results after a prolonged residence in a highly rarefied atmosphere—implying a polmonary expansion, the therapeutic significance of which is apparent. This expansion can apparently be explained only by an increased demand for lung area, by way of compensation for the diminished percentage of oxygen in the air breathed. The heart's beat is quickened at first, but in those of normal circulation, the natural rythm is soon re-established, unless excessive excercise is indulged in, which in any case interferes with acclimatization.

This increased rate of the cardiac pulsations is doubtless due to diminished resistence to the flow of blood through the lungs because of their more rapid depletion by the quickened respiration, and to the lessened resistance from the inspired air. Evidence of this may be adduced by the simple experiment of voluntarily increasing the rate of respiration and noting the tracings of the sphymograph made at this time.

This increased rate of the heart's beat is compensated for by its diminished force. Instances of consumptives with existing lung lesion, who do climb mountains by rail or other conveyance, without hemorrhage occurring, are sufficiently common to suggest that the dangers from this source are over-estimated and that the force of the circulation is very promptly adapted to the resistance, in the body at rest.

Hemorrhage from the nasal mucous membranes and less frequently from the ears, occur in many who climb mountains on foot, a result of the force of the circulation from within maintained by the violent excercise and of the diminished resistence of the atmospheric pressure from without. The depression which occurs in mountain climbing is promptly recovered from by a brief rest; immediately the circulatory equilibrium is to a degree re-established the ascent can be continued. That condition of nervous irrita

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bility from excessive use of tobacco, the prominent symptom of which is "tobacco heart," seems to be a prominent factor in the insomnia of certain cases who, believing themselves in perfect health, attribute the sleeplessness primarily to the high altitude.

It is the rule that more hours of sleep are required by new arrivals, in high altitudes, true alike of those who previously slept well and of those who slept poorly. It is not intended to convey the impression that there are no exceptions to this rule; but of those who fail to sleep, the cause may usually be found in pre-existing disease, exhaustion, the inordinate indulgence in excercise, or the too free use of stimulants.

Tourists coming to Colorado in health, notice an increased desire for substantial food, especially for meat, and the ability to digest and assimilate also improves with a corresponding gain in flesh. The prompt acquisition of the "Colorado appetite" may safely be regarded as indicating that acclimatization will occur readily in the healthy and is of good augury in those coming here with impaired health.

That the Rocky Mountain climate of itself predisposes to nervous irritability in those already acclimated has not been, I think, verified by scientific observation. We certainly know that purely nervous functional derangements, and also those diseases in which the dominant symptoms are nervous phenomena, are distinctly benefitted by a change of residence to Colorado in a sufficient number of cases to argue against this supposed injurious influence. Women are believed to be more frequently affected unfavorably than men by a prolonged residence, presumably because of the greater physiologic irritability of the female nervous system. This belief is of sufficient prevalence among the laity to demand more than a passing reference.

The fact that Colorado is to a great extent a sanitarium for the semi-invalid, together with the neurotic relatives and offspring of those compelled to live there because of actual disease, has peopled the state with a class having less physical vigor than those who usually pioneer into the newer states, and the nervous instability dependent upon actual disease, or resulting from domestic and financial disappointment, is too frequently attributed to altitude without further inquiry.

To illustrate the relative infrequency of uncomplicated irritability of temper, anorexia, loss of flesh, and insomnia, often grouped under the name of "nervousness" and attributed to a high altitude, I refer (*Denver Medical Times*, November, 1893), to ninety-three consecutive female patients who had lived in Colorado from three to twenty years. Fifty per cent. of them had lived there more than ten years, and seventy-five per cent. more than five years; yet but two of these had ever suffered from the uncomplicated symptoms referred to.

Those who engage in active pursuits, farmers and miners, for example, are unable to accomplish a given amount of labor the first summer in Colorado, which they previously performed with ease in lower altitudes. A febrile attack is common to this class during the first summer, usually a simple continned fever, not infrequently typhoid, modified from the Eastern type of this disease by the higher altitude—the so-called "mountain fever" of the early settlers, a disease now known not to exist as a distinct affection. It is

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the opinion of some of our most observant physicians that the exhilarating influence of the Rocky Mountain climate upon new arrivals predisposes to "day dreaming," rather than tending to enterprises promising substantial resnlts. I believe it is true that the bright sunshine, lighter air, accelerated circulation, improved appetites and digestions do influence mentally the new comers to Colorado. A familiar picture to us all is that of the recent arrival, professional or business man, who sees promising speculative possibilities in every business or profession not visible to those acclimated.

How willingly he aids enterprises of doubtful prospect and how quickly he concludes that his newneighbors lack ordinary business acumen. To the truth of these observations the free expenditure of Eastern capital in irrigating canals without water, railway grades uncompleted and the far out-laying suburbs of our cities bear amply witness.—*Colorado Climatolist.*

Bureau of the Medical Press.—It has long been a subject of comment that the medical journals were slow to appreciate the advantages and benefits to be derived from a representation at the National and State Medical Society meetings, and, indeed, exhibiting an indifference in reporting the proceedings. The fact that hardly a half dozen journals were seen at the recent meeting of the American Medical Association meeting surely reflects no credit upon the enterprise of our medical publishers. It seems, however, to have an explanation in the matter of expense. Unless the publisher or editor has the leisure time to attend the meeting himself, it is difficult to secure a representative who will do justice to the publication, to say nothing of the expense of sending him and maintaining quarters during the meeting. Still there is no question that the society meeting affords the very best opportunity for a journal to get in touch with both the profession and the advertiser, and if closely and systematically followed will ultimately insure a degree of success unattainable in any other way. We are pleased to announce that a new plan will shortly be inaugurated whereby the leading journals from all parts of the country may be represented at our principal society meetings, at a nominal expense. Mr. Chas. Wood Fassett, at the solicitation of a number of publishers, will, at the meeting of the Mississippi Valley Medical Association, open a Bureau of Information and Publicity for the Medical Press, and from his long experience in journalistic work, we predict for it an unqualified success. A catalogue will be issued for the occasion, showing the medical periodicals and reference books contained in the Bureau, and advertising matter of various kinds will be distributed for members. Those wishing membership, should apply at once for blanks and full information to Chas. Wood Fassett, Secretary, Mackinac Island, Mich. (care Grand Hotel), until September 1; after that date St. Louis, Mo. The date of this meeting, at St. Paul, has been changed to September 15, with an excursion to Yellowstone National Park on the 18th.

THE FORTNIGHTLY will be found on file at this Bureau, and our friends in attendance at this meeting are cordially invited to make the Bureau headquarters. They will find plenty of good reading matter, medical dictionaries, and the latest reference books, as well as writing materials and desks for use of visitors.—ED.

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Fortnightlettes

WE are pleased to hear of the recovery of Dr. J. F. Percy, of Galesburg, Ill., from a long and tedious illness. Dr. Percy is now recuperating in Minnesota, preparatory to a trip to Europe for rest and study.

THE BRITISH MEDICAL ASSOCIATION has just concluded its annual meeting in Carlisle, and the next issue of the FORTNIGHTLY will contain the first of a series of reports from this meeting. The session of 1897 will be held in Montreal

IDEAS WANTED.—How can THE FORTNIGHTLY be improved for 1897? We want every reader and advertising patron to feel free to write us on this subject. THE FORTNIGHTLY aspires to fill a high position in medical journalism, and realizing that "two heads are better than one," etc., solicits practical ideas of progress and improvement from any one who chances to read these lines. Due credit will be given for all ideas adopted.

OUR Symposium, "How to Teach Medicine," has been well received, and it is with much pleasure we present the fourth paper in this issue from the able pen of Dr. N. S. Davis, Jr., of Chicago, one of the best known of the younger medical men of that famous city, who favors us with the paper on "How to Teach Practical Medicine." We bespeak a hearty endorsement of his views, by all who have had experience in teaching medicine, as well as from those who are students of medicine.

THE subject of appendicitis has been especially prominent during this year. It is a subject worthy of honest and just consideration and unprejudiced investigation. In our next issue we will present a paper on this subject, which is timely, scientific and represents much painstaking study. Being from the pen of one whose surgical experience is to be trusted, because of his methods of study, investigation and clinical experiences, we deem it a pleasure to have the privilege of its publication. We refer to the paper of Dr. C. E. Black, of Jacksonville, Ill.

BEDSIDE RECORD.—We have received from the Imperial Granum Company, of New Haven, Conn., a bedside record, which is the most complete, practical and conveniently arranged of any we have ever seen. It is a valuable addition to modern methods of recording and noting facts and progress of clinical cases. Every physician and trained nurse should use this record in their practice. Physicians are too apt to forget to make clinical notes, largely due to the fact that they have no convenient means or method in doing it. This record will aid them in this respect. A copy may be obtained by addressing the Imperial Granum Co.

CHILD STUDY MONTHLY.—We have added to our exchange list one of the most interesting and instructive magazines published, viz., The Child Study Monthly, of which Dr. Wm. O. Krohn, of the University of Illinois, Champaign, is the able editor. It is such a magazine which every physician should have on his "journal list;" he cannot afford to be without it, for the practical information to be found in it, will add to his store of knowledge, and help to keep him in the fore rank of well posted men. Dr. Krohn is the leading authority on this subject in the West, and it is with pleasure we announce that he will shortly contribute a paper on this subject to our columns.

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Reports on Progress.

COMPRISING THE REGULAR CONTRIBUTIONS OF THE FORTNIGHTLY DEPARTMENT STAFF.

Diseases of the Nose and Throat.

BY JNO. A. JAMES JAMES, B. Sc., M. D.

ST. LOUIS.

Chancre of the Tonsil.

Dr. T. C. Evans of Louisville in reporting (Medical News) a series of cases of chancre of the tonsil, concludes that, next to the lips, the tonsil is the most frequent seat of extra-genital chancre, and that possibly 10 per cent of all extra-genital chancres are tonsillar. The mucous membrane of the palate and faucial pillars, presenting as it does a smooth, dense tissue, covered with squamous epithelium, offers little chance of infection. Hence it is not unreasonable to suppose that the syphilitic virus passes over this part of the alimentary tract, and finds in the open crypts of the tonsils a field most admirably fitted for its protection and growth. In most instances the infection takes place in a tonsil already hypertrophied, which seems to afford a favorable condition for the development of the disease. The early development of the secondary eruption appears to be rather characteristic of the tonsillar chancre. This is probably due to the large size of the initial sore and to the fact that the tonsil is so intimately connected with the lymphatic system, the eruption making its appearance in from two to four weeks. The eruption is, in most cases, papular in character, still further confirming the rapid absorption, as the appearance of the papular syphilide is usually delayed until the third or fourth month.

Dr. Evans protests against the idea of the older writers that the chancre of the tonsil is due to bestial practices as both incorrect and unjust, and closes his paper with a strong argument against regarding syphilis as exclusively and essentially a venereal disease. In only one of the writer's cases was it possible to trace the source of infection; but among the various causes in reported cases are kissing, pipes, cigars, glass-blower's instruments, musical instruments, drinking vessels, forks, spoons and feeding bottles.

Purulent Rhinitis in Children.

In a recent article on this subject Dr. J. Homer Coulter says (American Medico-Surgical Bulletin): There is a general impression that purulent rhinitis is always due to a syphilitic, tubercular or scrofulous diathesis, or to unusual uncleanliness. The writer believes that a stenosis in the nasal passage, with resulting change in the epithelium, is a more common cause than any of these.

Purulent rhinitis must be carefully differentiated from the condition following adenoids, impacted foreign bodies, a sinus involvement, or a necrotic process. The various results of purulent rhinitis are exhaustion of the epithelial cells and mucous glands of the nose, causing an atrophic rhinitis, change in the voice, pharyngitis, tonsillitis, and bronchitis. There may be also gastric disturbance caused by swallowing the discharge, or indefinite septic symptoms such as furnuculosis, anemia, or the so-called eithemic conditions. The treatment is, first and foremost, absolute cleanliness by means of an alkaline antiseptic spray.

Laryngeal Photography with the Aid of the Arc Light.

Dr. T. R. French, of Brooklyn, whose name is so closely associated with our knowledge of laryngeal photography, stated (American Medico-Surgical Bulletin) before the American Laryngological Association that in his earlier experiments he had made use of sunlight as the illuminating agent, but that he had abandoned its use, owing to the insufficiency of its illuminating power. He has recently called to his aid the arc light, and with the most gratifying results, not only with the larynx, but also with the naso-pharynx and posterior nares.

As the distance between the camera and the object is very short, it is diffi-

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cult to adjust the light to the sensitive plate so that a proper focus would be obtained. The requisites for securing this are a small diaphragm, a rapid shuttle, a very sensitive plate and a powerful light.

The necessary outfit for the light consists of a 2,000-candle-power arc lamp partly inclosed in a metal box, the anterior face of which bears a condensing lens. At a distance of nine inches from the box the lens gives a focal distance of twenty inches. The lamp and accessories are fitted to a narrow board attached to a table, with a device for raising or lowering the light. A shelf beneath the table carries the rheostat. The matter of technique is the same as with the sunlight condenser.

The pencil of light must be caught upon the head mirror some few inches inside the focal point. The focus is then found, and with it, perhaps, a good picture. If the first effort does not succeed, the focus and necessary amount of light being known, there is no trouble in securing at the second sitting as many photographs as may be desired. No longer time is required, with apparatus in good order, than is required in making the usual careful laryngoscopic examination.

The Relation Between Chronic Laryngitis and Tuberculosis.

In an article on "Laryngeal Tuberculosis" Dr. B. A. Burbank (Massachusetts Medical Journal) concludes as follows: "I wish to lay stress upon another fact which clinical experience teaches us. This is the more necessary at the present time because, for selfish reasons, pains are taken to inculcate in the minds of the public, if not of the profession, erroneous views. It serves the ends of numerous practitioners who treat affections of the air-passages by inhalations and other topical manipulations, to say that pulmonary tuberculosis often commences in the throat and larynx, and, if not arrested by timely measures, extends downward, and, at length attacking the lungs, eventuates in phthisis. So far from this being true, clinical observation shows that chronic pharyngitis is rarely associated with pulmonary tuberculosis; that the great majority of the great number of persons who suffer from the former affection have no predisposition to the latter disease, and that in fact, chronic pharyngitis is evidence against rather than for, the existence of tuberculosis. Clinical experience also shows that in cases of tuberculous laryngitis the pre-existence of tuberculosis of the lungs is the rule. The existence of chronic laryngitis, as already stated, is presumptive evidence that a deposit of tubercle in the lungs has already taken place. In making these remarks I do not wish to be understood that topical measures are not often useful in tuberculous laryngitis. But I wish to say that the popular idea respecting the progress of tuberculous disease from above downwards is opposed by pathological laws established by clinical experience."

Calomel, a Specific in Diphtheria.

Dr. Lawrence F. Flick in a late paper before the Philadelphia County Medical Society (American Medico-Surgical Bulletin) gave his experience in the use of calomel in minute doses in this disease. He gave 1-60 grain of calomel every fifteen minutes for from three to five days, increasing or diminishing the dose according to the effect produced. For insufflation he used 33 per cent triturate of calomel and sugar of milk for the first day, and then pure calomel. He found that when applied to the throat calomel was readily absorbed, but that it was not absorbed if applied to the nasal cavity. The other medicines used were strychnine and digitalis when the heart was weak, and he had found when calomel was pushed until the characteristic stools were produced, the heart did not so often become weak. The enlarged glands soon disappeared under the use of insufflation, and would again become enlarged if the insufflations were discontinued. If the patients were asleep he did not disturb them, but dusted the powder on the back part of the tongue. The diagnosis in all of the cases reported by the writer was made from bacteriological examinations made at different times during the disease, and by several microscopists. All the cases recovered.

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Genito-Urinary Surgery and Venereal Diseases

BY BRANSFORD LEWIS, M. D.,

ASSISTED BY

DR. G. W. TURNER, DR. BOND HOLLAND and RUTHERFORD GRADWOHL,

ST. LOUIS, MO.

Radical Treatment of Hypertrophied Prostate.

By Bruns, of Tubingen.

(Mitteilung aus den Grenzgebieten der Mediz. und Chir.—Annales des Maladies des Organes Genito-Urinaires, May, 1896.)

The treatment herein recommended for hypertrophied prostate is that of double castration, in preference to all others, such as ligation of the iliac arteries, uni-lateral castration, and ligation of the vasa deferentia.

In fifty-six cases out of one hundred and forty-eight a marked diminution in the size of the prostate followed the operation of double castration. Atrophy usually begins immediately after operation; in a few cases, the results were not as good as in the others; this was due probably to the peculiar anatomical form of the hypertrophied gland. After double castration, atrophy can be said to be a functional tendency in an hypertrophied prostate; this is a reflex nervous action, since it has been proved that no anatomical relation exists between the prostate and the testicles.

In view of the relation between the hypertrophied prostate and the condition of the bladder, hypertrophies can be divided into three groups:

(1) Hypertrophy with retention; results are good in these cases, micturition becomes less frequent, tenesmus disappears; at times the patient can urinate voluntarily.

(2) Hypertrophy, with retention, wherein catherization must be employed.

(3) Hypertrophy, with retention, coexisting with diuresis; in some of these cases the patient can pass his water voluntarily, because of the excessive secretion of urine; in other instances, catherization is necessary, but is facile, and seldom required.

Only one feature of the results following double castration is objectionable, namely, the promotion of premature senility, when practiced upon men not over sixty years of age.

The author thinks that resection of the vasa deferentia is, or rather will be, only practicable and preferable to all others when it shall have been proved that the functional after-results are analogous to those followin double castration.

Effects of Mineral Water on Renal Calculi.

Garnier (Revue Med. de l'Est—Annales des Maladies des Organes Genito-Urinaires) reports the case of a man of thirty years, who used mineral waters (Vichy, etc.) for an enlargement of the liver. After using these alkaline waters for nearly two years, he was suddenly attacked by renal colic, lasting three hours, ending with the passage of 200 gms. of urine, containing albumen, a few small masses of epithelium, tinged red with blood, and a very small calculus, which was afterward examined and found to be composed of calcium phosphate. The author explains the formation of a phosphatic stone in a patient having uric acid diathesis, as follows: The use of the mineral water had promoted the formation of a phosphatic calculus in the kidney cortex; then, since the urine was extremely acid in reaction, this stone had been corroded, until it was reduced to such a small size that it could be passed through the urinary tract into the bladder, etc. This explanation is purely theoretical, but seems plausible, considering the fact that the patient's urine was strongly acid up to the beginning of the renal colic; also, the enormous amount of alkaline mineral water taken can easily account for the formation of the phosphatic calculus.

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Profuse Hematuria as an Early Indication of Incipient Renal Tuberculosis.

By Trautenroth.

(Mitteilung aus den Grenzgebieten der Mediz. und Chir.—Annales des Maladies des Organes Genito-Urinaires, May, 1896.)

A young girl of twenty-two years, in the prime of health, was suddenly attacked by excessive hematuria, after a slightly fatiguing task of manual labor. As this condition continued, she entered a hospital eight days after her first attack. The right kidney was found to be increased both in size and sensibility. As quiet and ease and the administration of ergot and hydrastin failed to relieve her, a lumbar nephrectomy was performed. A microscopic examination of the excised kidney (right) demonstrated and verified the diagnosis of incipient tuberculosis.

The patient subsequently left the hospital, but, owing to the reopening of the cicatrix, she is now very weak and debilitated.

Extra-Peritoneal Rupture of the Bladder, Following Treatment of Gonorrhea by Irrigation; Cure.

By Ch. Audry.

(Arch. Prov. de Chirurgie—Annales des Maladies des Organes Genito-Urinaires, May, 1896.)

The patient, a shoemaker, aged forty years, had been subject to colicky pains for several years, accompanied by intervals of constipation and persistent diarrhea. A month prior to his entry into our service he contracted a gonorrhea, with cystitis, and painful micturition. After the third irrigation of permanganate of potash he complained of intense pain in the hypogastrium. In the course of the following day the symptoms were such that a diagnosis of vesical rupture was made. At the desire of the patient's wife, the man was sent to the surgical clinic, where Professor Jeannel performed the operation, finding an extravasation of urine into the peritoneal cavity, but no appearance of a vesical orifice; he concluded that the rupture was posterior, and closed up the wound, providing for drainage. The patient was restored to health one month later. From these data it is conjectured that the rupture occurred after the bladder had become empty, judging from the patient's own statement as to pain, and from the fact that only 250 cubic centimeters of the irrigating fluid had been injected into the bladder—an amount which the bladder was amply able to hold without trouble.

Intoxication by Cocaine.

By Schauz.

(Berlin klin. Wochensch.—Annales des Maladies des organes Genito-Urinaires, May 1896.)

In two cases extremely grave phenomena followed on the injection into the bladder of a solution containing two grammes of cocaine to thirty grammes of water. The phenomena were of a convlusive character, subsiding on the inhalation of chloroform.

Dr. Pfister (Berlin klin. Wochensch) cites a case of cocaine intoxication, resulting fatally. A solution of cocaine (20 per cent) was injected into the urethra in order to diminish the pain of catheterization. The fluid had hardly been injected before the patient fell back, dead.

Urethral Stricture; Terminal Phase of Its Treatment.

(De Keersmaecker, Annales de la Societe de Med. d'Auvers — Revue Intern.de Med. et Chir.)

In the treatment of urethral stricture, not only the permeability of the canal, but also its dilatability, must be maintained. It must not be presumed that no stricture exists when the urethra admits a sound as large as the diameter of the meatus, for the caliber of the bulbous portion is double, normally, that of the meatus; in consequence, a stricture can exist at that portion, with a caliber as large, or even larger, than that of the meatus; it is in such cases that urethroscopy is of prime importance. After the canal has been dilated by the ordinary methods to a caliber equal to that of the meatus, a continuance of the dilation by Oberlonder's dilators, up to the limits of dilatability, is absolutely necessary.

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Society Proceedings.

MEDICAL ASSOCIATION OF THE STATE OF MISSOURI.

Thirty-Ninth Annual Session, Sedalia, May 19—21.

[STENOGRAPHICALLY REPORTED FOR THE MEDICAL FORTNIGHTLY]

Continued from page 427.

DR. A. H. CORDIER, of Kansas City, discussed the subject of

VAGINAL VS. THE ABDOMINAL METHOD

of dealing with inflammatory diseases of the pelvis. He claimed that the object of the surgeon should be to so modify his methods as to obtain the maximum benefit with the minimum sacrifice of structures, the least risk to life, and the saving of time and pain to the patient—regardless of opinions previously formed. Some never make a success of any method, and so scan the pages of current literature for something new to try; especially foreign. Hence it is that some operators in this country have so promptly taken up two operations discarded some time ago in America, but recently revived in Europe: Vaginal draining and partial removal of diseased uterine appendages, and total removal of the uterus in cases of double tubal disease. Reports from a few skilled operators are so seductive that many are tempted to follow their footsteps—with chiefly disaster and failure as their results. What, then, is the proper place for the hystero - salpingo - oophorectomy so strongly advocated by many of the French and a few American gynecologists? A succulent and pus-infiltrated uterus with, possibly, numerous foci, surrounded with pus-laden tubes and ovaries, should be removed; and by the vaginal route if the surgeon can do it better in that way. A cancerous uterus should always be removed, together with the tubes and ovaries, if seen before the disease has extended to neighboring organs; and preferably by the vaginal route. A uterus known to be tuberculous should be removed, with its appendages, to prevent systemic infection; as a rule, through the vagina; and a prolapsed uterus with diseased tubes can be best treated by a vaginal hysterectomy. But in old, recurring puriform disease of the uterine adnexa, where the adhesions are well organized and where the intestinal, bladder and omental attachments are probably very firm, the vaginal method is fraught with far more danger than the abdominal one, however skillful the operator. It is an easily demonstrable fact that in the great majority of instances the uterus is capable of taking care of itself and does not give rise to any trouble after the diseased appendage has been removed (in case of chronic suppuration of the tubes). To remove the uterus and a part only of a diseased tube and ovary—as is said to be the frequent practice of Richelot and his followers—leaving a filthy sequestrum in the pelvis, expecting Nature to cure the case, is not good surgery; especially so when the whole diseased tissue can be safely and easily removed from above. So, too, removal of the uterus is wholly unjustifiable in those rare cases of true "pelvic abscess"—that is, pus in the layers of the broad ligament; here simple vaginal puncture and drainage is all that will usually be required; a failure to discriminate between this rare disease and the very frequent tubal abscess until the operator is in the midst of a vaginal hysterectomy, is extremely unfortunate, as it is then too late to save the perhaps healthy uterus, tubes and ovaries— so that, after all, the suprapubic incision is best, as the condition can then be instantly recognized, the wound closed and the abscess opened from below, thus saving organs not hopelessly diseased. With inexperienced operators, fatal hemorrhage may occur in performing the vaginal operation, or the abdomen may have to be opened speedily without time for thorough asepsis, with a fatal result three days later; but by the suprapubic route the operator can see and easily control all bleeding. And these remarks are still more applicable to cases where the intestine may be opened—very few operators would be competent or able to introduce Lembert sutures through the vagina, at least sufficiently that they could be trusted to keep in liquids and

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gases. So in all but the clearest cases the abdominal incision is preferable to the vaginal. The objection to the scar is a puerile one. Post-operative hernia is a real objection to the abdominal method but by careful closure can usually be avoided; and it is possible that vaginal hernia may hereafter prove fully as frequent as the ventral variety.

DR. WALTER B. DORSETT, of St. Louis, opposed vaginal celiotomy except for removal of the uterus for cancer, for incurable septic inflammation, and for certain cases of fibroid tumors. In the latter case the abdominal route is often preferable, even in small growths, as in a case from which the specimen he exhibited was removed. It was a small sub-mucous tumor, with also an intramural one, in which case it was presumed the uterus could be readily removed through the vagina, hysterectomy being demanded by reason of the excessive and incontrollable hemorrhages. At the last moment it was decided to do the suprapubic operation, on account of the exceedingly narrow vagina and excess of fatty tissue. The choice was a very lucky one, for the adhesions to the intestines, the omentum and the great vessels were so numerous and dense that vaginal removal would have proven extremely dangerous, even if not well-nigh impossible.

DR. JOHN YOUNG BROWN, of St. Louis, said some unnecessary and villainous pelvic work is being done in this country, as well as abroad. The "septic uterus" should be removed, say the enthusiasts one month, following Richelot, of Paris; the next month they as earnestly advise simply curettage and drainage; while a third month finds them advocating opening the abdomen from above. The sober, conscientious pelvic surgeon weighs the question gravely, as presented in the light of remote, not recent, results; and such men now say that for pus in the pelvis the proper route for attack lies through the abdomen, and not by way of the vagina—the same position so long maintained by Joseph Price. Sometimes the combined operation—beginning below and finishing above—is the one which is safest and easiest. In most instances the Trendelenburg posture will give the most satisfaction in pelvic work from above.

DR. E. H. GREGORY, of St. Louis, by permission of the society, presented some corrections in a paper of his, published in the May number of "Langsdale's Lancet" of Kansas City, on "The Nature of Tumors."

(To be Continued.)

BRAINARD DISTRICT MEDICAL SOCIETY OF ILLINOIS.

The Brainard District Medical Society met at Delavan, Ill., July 23, 1896. The society was called to order by the president. Following the roll-call and reading of minutes the name of Dr. Irving Newcomer of Petersburg was proposed for membership and elected, after report from the board of censors. The committee on epidemics reported, showing that but little infectious or contagious disease existed in our territory during the quarter.

Bills were presented and allowed. Plans for increasing the interest in the meetings were discussed and on motion the decision as to what should be done was left with the president. It was ordered that the secretary furnish a copy of the proceedings to the Medical Fortnightly for publication.

The remaining time before adjournment for dinner was occupied with

REPORTS OF CASES.

DR. NORBURY reported two cases of meningitis of obscure etiology. (1) Child, aged four years, went to bed apparently well, but awoke quite ill at 1 a. m., and when seen in the morning presented well-defined symptoms of meningitis. It was very ill for ten days; is now convalescent, but still, after three weeks, unable to walk.

(2) Child, one year old, similarly attacked, still seriously ill, but slightly improving. In both cases the children were associated with others having whooping cough. The former had no cough; the latter only a very slight one. Can these cases have been induced by a meningeal infection from the specific cause of pertussis?

DR. BLACK gave the history of a series of cases of diphtheria which began in a country school near Jacksonville, where a case of "sore throat" was not quarantined. A few days later two children of the school had diph-

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theria. A very limited and inefficient attempt at disinfection of premises followed. Six weeks later two children from Jacksonville visited this family, used toys, books, etc., with which the sick children had played. Three days later both were ill and on the fifth day one died with diphtheria. Antitoxin was used too late to be of any avail. From early contact with these cases a boy of nine years contracted the disease. He was taken to a doctor's office early for treatment until, after a week, his mother became ill. Both cases were then quarantined, but the mother kept the son in her own room and continued to care for him for another week before a nurse was finally employed. On the following night, the attending physician being out of town and the lady in danger of choking from extension of membrane in the larynx, Dr. Black was called and he asked Dr. Norbury to see the case with him; they intubated. The patient was much relieved, coughed up much membrane and mucus, dislodging the tube, but after its replacement, secured a fair amount of rest till morning. The attending physician was promptly notified on his return in the forenoon. Without investigation he condemned the proceedure, proclaimed its needlessness and removed the tube. About thirty hours later the symptoms became so urgent that he performed tracheotomy, but the patient survived only a few minutes.

A general discussion on diphtheria and especially on the use of antitoxin followed. Favorable mention of its use was made by Drs. Black, Servoss, Fisher and Norbury. The consensus of opinion was positively favorable. No bad results were reported and no failures except when it was used so late that there was not time for its effects to appear, this requiring twelve to twenty-four hours. Some apparently hopeless cases have been restored, but no great hope should be based upon its use unless the patient's condition would warrant hope that he might live twenty-four hours without it. In laryngeal cases intubation is the indicated operation while waiting for the action of antitoxin, and pilocarpin exerts a favorable action on elimination of toxines. After twenty-four hours only simple cleansing local measures are needed.

DR. HOLMES reported four cases of malignant diphtheria treated successfully without antitoxin and expressed doubt whether its use would have been of value. One of these cases died from paralysis after the local lesions were gone. He was feeling well, got out of bed, and fell dead. Two others, small children, had weak heart action and some paralysis, but by use of strychnine freely, made perfect recovery.

On motion society adjourned to 2 p. m. for dinner.

On convening at 2 p. m., DR. NORBURY presented a paper on Diabetes—Its Pathology and Treatment.

DR. SNYDER reported the case of a young man who, when first seen, was passing enormous quantities of water; in one day, when measured, it was five gallons, three quarts, containing approximately three pounds of sugar. Death occurred from exhaustion about one and one-half years after the onset of disease. Codline gave more relief in the later stages than any other remedy.

DR. FISHER—Some months since a lady, aged sixty years, called complaining of progressive weakness, excessive urination, constipation and pruritis. Urine, sp. gr. 1046, considerable sugar. Careful diet, laxatives, lithia water and codline have relieved her, and for two months or more the urine has been free from sugar and the general condition is much improved. About seven years ago she had had similar trouble with apparently perfect recovery.

DR. I. NEWCOMER suggests that too frequently the urine is not examined and diabetes exists undiscovered. Saw a case, a boy of fourteen years, brought to the hospital after a year's treatment without diagnosis. Diabetes was at once discovered, but too late to be controlled.

DR. MILLER gave a sketch of the history of a severe case treated by Dr. Salisbury of New York with recovery. The treatment included only a little medicine, but large quantities of hot water were prescribed, frequent baths, and a diet exclusively of the muscle-pulp of fresh beef of first quality, specially prepared and in quantity carefully graduated. After some months, whites of eggs were added to the dietary and later a moderately free diet, but with beefsteak as a leading factor.

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Symptomatic relief followed in a very few days after beginning treatment.

DR. NORBURY spoke of the difficulty of enforcing the prescribed diet. There may be an ungovernable appetite for some one thing as, in one case, for bread, where the patient, a boy of twelve, stole bread from his neighbors at table and carried it to his room, eating thus large quantities. Persistent hiccough often occurs with diabetic and when it occurs diabetes should be looked for. In regard to prognosis—said—the young were sure to die, but in cases past fifty or sixty, especially in obese, the outlook was more favorable and not necessarily severe, except the liability to intercurrent diseases.

REPORTS OF CASES.

DR. FISHER asked for aid in diagnosis. A girl, aged fifteen, had severe headache alternating with gastralgia. Tongue coated, no fever, menses normal, some loss of strength, digestion imperfect. Had been ailing some weeks. After the extraction of a bad tooth her head was better and after using tonics, iron and arsenic, etc., in three weeks she was free from pain, gaining flesh, digestion good, but showed no desire to get up. Being urged and encouraged, however, she got up about the house and went out riding a few times, ate and slept well. After two or three weeks she began to have fever, T. generally 100 and 101 degrees, but sometimes as high as 103½. The pain was now in arms, legs and back. It could be "rubbed away" and when interested in conversation complaint ceased. The menses did not occur, but all vital organs seemed normal, appetite was good and she even seemed to gain flesh. Pain gradually grew worse. Two or three days before death incontinence of urine and faeces began, and some talking delirium, but she was rational when roused, till the end.

DR. NORBURY—Possibly the case was of brain-tumor. A somewhat similar case was recalled. Inability to concentrate the mind on any business matter was the most annoying symptom for some time.

The application for membership of Mason City was now received and referred and later favorably reported and acted upon.

DR. JENNINGS—A carpenter, forty years old applied for relief. He was formerly a carriage painter and had lead-poisoning, but life on a farm helped to complete recovery apparently. For a year he had spasmodic pain in abdomen and marked malaise. At Battle Creek treated with diet, baths, etc., he improved. Their diagnosis was hyperacidity of stomach. Last winter in the country at work he was attacked with violent pain. General abdominal tenderess, most intense on right side, speedily developed. Partially relieved by large doses of morphine, he was taken home over very rough roads. After a week of intense suffering he died. At the post mortem several old cicatrized ulcers of duodenum appeared. The duodenum had entirely sloughed away from the stomach and the upper portions of the small intestine including six inches of the ileum, were black with beginning mortification. The rest of the bowel was healthy, but coated with powdered charcoal which also filled the appendix. He had taken charcoal freely on the recipe of the Battle Creek physicians.

The committee on program reported, recommending essayists for the next meeting to be held in Mason City Oct. 22, 1896. On motion, report was accepted and society adjourned.

KATHERINE MILLER, M. D.,
Secretary.

Dr. N. S. Davis, Jr., has been elected secretary of the faculty of the Chicago Medical College, the medical department of the Northwestern University, to succeed Dr. Frank Billings, resigned.

A rather severe outbreak of scarlatina has occurred in Dublin, and there are over 200 cases under treatment. The attack being of a mild type the health authorities hope to soon have it completely under control.

The cholera in Egypt continues with about 350 deeaths daily. The disease has now made its appearance among the British troops at Wady Halfa and Cairo as well as among the native soldiers.

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Spirit of the Medical Press

Nitroglycerin.

Philadelphia Polyclinic.

Some eighteen or twenty years ago, when Professor Roberts Bartholow was preaching the use of nitroglycerin in various conditions of disturbed circulation, especially those in which it was desired to relieve the heart of opposing pressure in the terminals of the arterial channel, or to overcome pathologic contraction of those terminals for the purpose of securing better nutrition of the territory supplied by them, there were few practicing physicians that gave assent to those teachings. Today, in the United States at least, the practice has become widespread, owing largely to the persistency and clearness with which the great teacher referred to has continued to impress his opinions upon successive classes and the good results of their application in practice. In a mechanism which depends for its continuous and regular play upon the adjustment between opposing forces, disturbance in the relative power of these forces means widespread disturbance throughout the whole mechanism. The physiologic mechanism of circulation depends largely for proper performance of its function upon the maintenance of balanced relation between the energy of the cardiac contraction and the blood pressure in the arteries; while the blood pressure itself is made up of various factors, one of which is the caliber of the various arteries, and another is the relation between the respective calibers of successive divisions of the arterial tree. Hence it is that undue contraction of terminal arterioles and of capillaries, whether due to spasm, to thickening of the walls, or to pathologic conditions, disturbs circulation not only in the part affected, but throughout the entire organism, and necessarily deranges the action of the heart. Nitroglycerin, by its relaxing effect, either upon the vessels implicated or upon communicating vessels facilitating a collateral circulation, overcomes this disturbance. Hence, aches and pains in various portions of the body, faintness, vertigo, dyspnea, insufficient flow of urine, local malnutrition due to insufficient blood-supply to certain parts, or to all parts, may often be relieved by the exhibition of this drug in proper dosage and at proper times. Perhaps in affections having a spasmodic element, as angina pectoris and asthma, the power of the nitrites, with which nitroglycerin, therapeutically though not chemically, belongs, is most strikingly manifested; yet the drug is of great benefit in many cases devoid of spasm or other neurotic factor or complication.

It is an excellent stimulant in syncope, in threatening heart failure, or collapse from various causes; in acute lobar pneumonia, used early enough, it may render venesection unnecessary, and its skillful use often aids recovery from apparently desperate conditions. It is useful in chronic interstitial nephritis, in conditions of arterial fibrosis and atheroma, in gout and rheumatoid arthritis, and sometimes in anemia, chlorosis, and the anemia of tuberculosis. In the management of cases of muscular and valvular disease of the heart, it finds a wide field of usefulness; in dilation it may be used with digitalis; in fatty heart it may be used without other drug; in cases of mitral lesion it may be conjoined with digitalis, strophanthus, spartein, and the like; in cases of aortic lesion, atropin, strychnin and caffein may be used with it. The advantage of combinations of drugs in the treatment of valvular disease is due to mutual modifications, and when the combination is made with good judgment, having regard to the special conditions of the individual case, the results are often better than when a single drug is used. Of course, the haphazard copying of published prescriptions, or the use of combinations devised by manufacturing pharmacists for wholesale use, is always to be deprecated and usually to be condemned.

Congenital Luxation of the Hip.

Pediatrics.

Recent advances in our knowledge of this interesting, but hitherto neglected affection, are deserving of notice. Brodhurst distinguishes three types of cases: those due to trauma before birth, those due to trauma at birth,

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and those due to arrest of development. The dislocation may be in various directions, but is usually on the dorsum. He believes that the traumatic cases, in which the acrtabulum remains of normal size for several years, are much the more numerous, and instances cases of infants of five and fifteen months, in which a one-sided dislocation was easily and permanently reduced. In cases between three or four and twelve years, if the acetabulum is shallow, and the hip not firm, he enlarges the socket subcutaneously by means of a gouge, and replaces the head of the femur. Paci, of Turin, reports many successful cases up to the age of fourteen and fifteen, from replacement by means of manipulations (resembling those of Bigelow), and appropriate after treatment. The permanence and even the reality of these replacements is doubted by most operative surgeons who have given special attention to this subject; and these also favor the view that the cases due to congenital defect are the more numerous. Lannelongue reports an autopsy on an infant ten days old, showing the left acetabulum narrowed, flattened and incapable of containing the head of the femur, which was of normal size; as the baby had never walked there was no displacement. Operators are agreed in finding the most serious obstacle to reduction in the anterior bands of the capsule, and therefore favor the anterior incision for bloody replacement. With preliminary extension no tenotomies are necessary. Lorenz reports a series of one hundred cases treated in this manner without a failure. It is conceded, however, that the operation is one of unusual difficulty, and failures have been numerous. Broca reports twenty-eight operations on twenty-five patients with four deaths from sepsis, one from tuberculosis, and two failures. Cases showing very satisfactory results from operative replacement have recently been exhibited at the New York Academy of Medicine by Drs. Gibney and Whitman, but the operation in America is still in its infancy. Hoffa, who first brought operative replacement prominently forward, places the most favorable age between two and eight years. In children who have not yet walked, he says that orthopedic treatment will be successful. What remains clear from all the evidence is the crucial importance of detecting these cases in infancy, when much can be accomplished without risk by the improved methods of manual replacement and retention.

HENRY LING TAYLOR, M. D.,
New York.

Dangers Which Threaten the Usefulness of Codliver Oil.

BY JNO. T. WINTER, M. D.
Professor of Theory and Practice of Medicine, National University, Washington, D. C.

From recent observations I am convinced there are dangers which threaten the future usefulness of one of the most valuable remedies in the materia medica.

That cod-liver oil has valuable therapeutic properties has been known for two centuries. For half a century this oil has been carefully studied, and its physiological action and therapeutics placed upon a sound scientific basis. Until recently, thousands of physicians have prescribed cod-liver oil, confident that certain results would follow. Thousands upon thousands of the laity have taken advantage of the teachings of the profession and of the experience of their fellow-men, and incalculable benefit has resulted therefrom.

It is no slight matter to weaken the confidence of the profession in a remedy which has stood the test for at least fifty years. It is equally serious to diminish the faith which the people have in so valuable a remedy. No one can deny that cod-liver oil has given comfort to those who could not be cured, has greatly prolonged the lives of vast numbers, and has restored countless thousands to health.

In the light of all this, is it not trifling with human life to break the faith of both physician and patient in a remedy which has proven itself so valuable, we might say, indispensable? Is the profession soon to lose faith in codliver oil as a remedial agent? And is the public about to abandon its use?

Neither physician nor patient will continue the use of a remedy unless the desired results are obtained. Experience has established these results. Cod-liver oil is not prescribed as an experiment. Its physiological action is no longer watched with an uncertain

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eye. But suppose these expected results no longer appear, what then? Confidence is impaired, and in looking about for a substitute a hundred worthless remedies are tried, and the most valuable time for successful treatment is lost.

Having for many years been a firm believer in the curative properties of cod-liver oil, I have of late looked with great anxiety on efforts which tend to impair its usefulness. I can see at least three great dangers. Unless these are destroyed, the therapeutic value of cod-liver oil will be an uncertain factor.

The First Danger.—The first danger is the result of a modern theory that a part equals the whole! We all know that cod-liver oil is a most complex body. Its chemical analysis reveals the presence of many constituents. These have been called the alkaloids, or the "active principles" of the oil. They exist in peculiar combination with the fat, and are with difficulty separated from it. It is significant that nearly every original investigator has been able to extract from the oil some additional substance. In fact, even prior to 1888, there had been discovered over fifty elements in this oil. Within the past eight years chemists have been very active in discovering new principles, until at the present time I am not aware of the length of the list.

To break up cod-liver oil into these several ingredients, is to change its character altogether. I do not believe it is possible to take any of these constituents from the oil without either impairing or totally destroying the therapeutic properties of the parts taken or of those remaining. There is no doubt but the alkaloids of cod-liver oil are valuable; they are valuable, however, because of the peculiar combination as it exists in the oil. To take all of the oil, or fat, from cod-liver oil, and then claim that the alkaloids are useful as a fat-producing food, is just as reasonable as it would be to administer iodine, bromine, or phosphoric acid to a patient as a food! Persons can live on cream and no other fatty foods, provided their digestive powers can properly care for so rich a diet. But they could not live on iodine or any of the alkaloids or active principles of cod-liver oil, or on all of them combined. To use only the alkaloids of cod-liver oil, is to employ a remedy without value as a fat-producing food. If this be not true, then let us abandon the oil entirely and rely upon other sources for our iodine, bromine, etc.

This new theory of substituting a part for the whole is, to many minds, the greatest danger which threatens the usefulness of cod-liver oil. No matter how ingeniously the alkaloids may be combined with wine or other liquids, the results of the past will not be verified by this substitution, and the profession and laity alike will distrust it. If they were only skeptical regarding these new preparations, the case might be different. But having been taught that cod-liver oil is valuable only for its alkaloids, then the failures are charged against the oil as a whole, instead of against a part.

Even granting, for argument's sake, that all of the good properties of cod-liver oil reside in these so-called alkaloids, the fact remains there is no reason for believing that they would exert the same good office when thus isolated as when they existed in their natural state; just as a mineral water would not do the same amount of good if its various constituents were extracted and administered separately.

It must be laid down as a rule, founded upon scientific study and verified by scores of years of observation, upon hundreds of thousands of cases, that the whole oil must be used if the best therapeutic results are desired.

The Second Danger.—The second danger would be more serious than the first, but fortunately it can never grow to such magnitude. There are only a few manufacturers so unscrupulous as to impose such frauds upon the public as these to which I now refer.

In his "Practical Therapeutics," Hare says: "One of the emulsions widely advertised in the street cars of Philadelphia as 'tasteless' has been shown to contain no oil at all." He adds also that, "Oil devoid of smell is probably devoid of medicinal value, as all the peculiar properties have been purified out of it." Patients invariably object to the odor and taste of raw cod-liver oil, so it is but natural they should be pleased with these "odorless and tasteless" preparations. That these preparations are in use at all is probably due to two reasons: (1) Only a few physi-

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cians are aware of the fact that they contain no cod-liver oil whatever; and (2) the laity have no reason for doubting that the mixture is other than what it pretends. The physician and patient have every right to expect that a "preparation" of cod-liver oil contains that oil. It is the most cruel kind of deception to thus impose upon those who place all their hope for health on this valuable remedy. As it is not present, so the results are not obtained. Therefore, cod-liver oil is put down as of no value whatever in such cases. Even if the deception be discovered, it is generally too late for the oil to accomplish good, at least to its full amount.

The Third Danger.—The third danger is a universal one, and is of great importance. To understand it a few words of explanation are necessary.

Without doubt the great bulk of cod-liver oil is taken in the form of an emulsion. The reasons for this are evident. A good emulsion has little of the fishy odor and taste, although these are always present. An emulsion is more easily borne by the stomach and is not so liable to cause eructations of gas. This is probably due to the fact that when an oil is emulsified it is, in a measure, digested, for the digestion of an oil is simply breaking it into minute globules. Modern physiology teaches that the oils are not saponified, but emulsified, by the pancreatic juice; this is the case, at least, with those oils which are assimilated. The oil in ordinary emulsions probably requires some further digestion in order to prepare it for absorption; but its emulsification is doubtless a great aid to its digestion. Then again, emulsions are more pleasant to the taste than are the raw oils. Therefore we find the majority of physicians prescribing them, while the laity, undirected by physicians, almost invariably ask for them.

It is an unfortunate fact that there is no fixed standard for cod-liver oil emulsions. We find one pharmacist offering an emulsion of his own manufacture at a certain price, while his competitor just across the way is offering one at a third less. But the former gives thirty per cent of oil, while the latter gives but ten, yet both preparations are "Emulsions." No physician should prescribe an "Emulsion" of cod-liver oil unless he knows the preparation contains cod-liver oil, and in definite proportions. To prescribe any "Emulsion" or "Preparation" of cod-liver oil simply because it is an emulsion, or preparation, is to express as much confidence in the curative properties of the label as in the drug.

The third danger, therefore, is one due to unreliability and uncertainty. It is easily overcome by the exercise of ordinary care that only those preparations be ordered which are reliable, and of definite composition.

It is because I believe cod-liver oil to be such a valuable remedy that I call attention to some of the dangers which threaten its future usefulness. But they are dangers which we are abundantly able to remove, and which must indeed depart without effort if we keep clearly in mind the facts upon which cod-liver oil rests its reputation.

Yeast Nuclein in the Treatment of Hip-joint Disease.

New York Medical Journal.

In the American Lancet for January, 1895, Dr. Charles W. Hitchcock, of Detroit, remarks that not all cases of hip disease are, with any fair promises of success, amenable to conservative treatment. Cases long neglected, in which erosion of the joint structures has already occurred, together with suppuration and resulting fistulae, are not encouraging instances for non-operative measures. An early diagnosis is of the utmost importance, that the case may be taken in hand before gross and irreparable damage has placed it beyond the reach of any save the most heroic treatment.

The nucleins, says Dr. Hitchcock, are among the newer remedies that may do much as an aid to tissue-building, more especially as they are said to influence cell metabolism so as to bring about a healthy resistance to disease processes.

The germicidal properties of nuclein, he continues, have been demonstrated, and Vaughan and McClintock have shown that the germicidal constituent of blood-serum is a nuclein. Parke, Davis & Co., he says, have rendered yeast nuclein accessible to the profession. They make it for Dr. Vaughan and according to his formula; the solution which they supply is about a one-per cent solution. Of this solution of yeast nuclein, from five to sixty

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minims may be administered at a time. The dose may be increased gradually and cautiously from the initial dose (which may appropriately be about ten minims), regard being had to the febrile reactions, which may be decidedly marked and are to be looked out for.

He then gives the following report of a case: "March 30, 1894, I first saw Miss L. C., aged twenty years, of English parentage and in this country only about two years. She is one of a family of six children. One sister died at ten months, and one sister, aged nineteen years, has of late had what is reported by letters from her home as 'dropsy of the knees.' The father and mother are both living and are healthy, so far as I can learn. One maternal aunt died of consumption. The patient herself is of medium size, rather rosy complexion, and somewhat delicate in appearance. The young lady gives a history of having been always well until December, 1890, when she fell on a sidewalk and struck on the left hip. The following month she fell on the ice on the same hip, which, she says, 'has seemed weak' ever since this second fall, though she was able to be about as usual and tried to persuade herself that she had no serious trouble. She went to the World's Fair in the fall of 1893, and each day's sight-seeing tired her greatly. Her left knee would pain her at night and the hip would ache; but she would not give up to it. Later after her return home, her hip began to pain her intensely after every walk. The first pain was in the knee, and more or less still continued there, but the hip now grew so exquisitely sensitive and painful that all use of the leg had to be given up, and for three weeks before I saw her (March 30th) she had not walked at all. She was obliged to lie on the back or right side, and I found the left leg well flexed and adducted. Any attempted passive movement of the leg seemed to give her great pain, and the whole region about the hip joint was so sensitive that even the lightest pressure of the finger could scarcely be borne, though at the same time the sensitive area presented nothing on inspection to attract notice. Any attempt, with the patient on her back, to extend the leg, quickly caused an arching of the pelvis to correspond to what little extension could be endured.

"Removal to the Harper Hospital was proposed and consented to. She endured the ride of two miles in the ambulance very well, and was admitted between 5 and 6 p. m., March 30th, with a temperature of 99.6 F. and a pulse of 80. Lead-and opium stupes were applied to the region of the sensitive joint, and under their use the acute tenderness so subsided that on April 3d, by careful manipulation, we applied a simple Buck's extension, the plaster being applied the whole length of the thigh and leg. This was kept up for several weeks and with quite a heavy weight, greatly to the relief of the patient, pain gradually disappearing from the direct region of the joint, being longest complained of through the groin.

June 1st I applied a plaster-of-paris cast enveloping the entire leg from the ankle up, and extending around the pelvis. An extra sole of about an inch and a half in thickness was now applied to the sole of the right foot, crutches were secured, and the patient was encouraged to be up and about. She soon began to walk some each day, but the weight of the cast annoyed her and its pressure about the pelvis irritated her (though it really fitted very well), and she found a semi-reclining position in a wheel-chair much more comfortable than the erect position. The cast had been relied on to make necessary extension, but now became somewhat loose and was removed on June 27th. Two days later a Buck's extension was again applied. The patient had not borne the confinement to bed and hospital well; she did not eat or sleep well, and was getting thin, although the hip was now very comfortable. She therefore decided to leave the hospital, which she did on July 6th.

"On July 4th, under chloroform, I injected from two to four drachms of a ten-per cent iodoform emulsion into the joint cavity. I took this opportunity to completely flex the leg on the thigh and the thigh on the body. There was no adhesion or resistance in either joint, and no feeling as of erosion or thickening about the hip joint. During her stay in the hospital the temperature varied from normal to 100 degrees. The pulse varied from 76 to 110. Malt, hypophosphites, cod-liver oil, and other remedies had been given, but had not been well borne.

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"At home she was for a short time kept in bed, with extension, but soon she tired of this and insisted on being up and about on her crutches. She improved somewhat in appetite and felt much better, but still slept poorly. She had no pain in the hip, and took several long walks and rides in the street-cars. She presumed too much upon her ability to do, however, so that restrictions were necessary. Extension hardly seemed called for, but I had a Thomas splint made for her—to thoroughly immobilize the joint. This she continually wore during the day, and with no discomfort save the awkwardness in sitting.

"September 1st I began the systematic use of yeast nuclein, and the improvement almost from the first has been noticeable and extremely gratifying. The remedy has been administered hypodermically, and the site chosen was the region immediately around the affected hip joint. The first few injections were made daily, but the reaction seemed to me so marked that I found treatment on alternate days to be more satisfactory. It has been recommended, as a good precaution, to sponge the chosen site with a two or three-per cent solution of carbolic acid, for its antiseptic and local anesthetic effect. This precaution, however, I did not find necessary, but used great care with needle and syringe, sterilizing both, each time, before using.

"From September, 1894, to January, 1895, the case was under constant supervision and care, and correct and detailed reports were kept noting the patient's temperature, general condition, and especially the amount of nuclein solution which was injected at each visit. At the beginning twelve minims only were used in each twenty-four hours, this being gradually increased to fifty minims with the happiest results. There were at times some pain and a burning sensation at the site of the injection. The temperature each afternoon was about 99 to 99.4 degrees, on one or two occasions going as high as 101.2 degrees. At the time of the last-named date the patient experienced no pain whatever in the hip and expressed herself as feeling as well as ever. The nuclein was temporarily stopped, and I do not consider it accomplished all a continuance of it might do. The improvement has been most gratifying since I began giving the nuclein, and I think there can be no doubt that her comfort has been due, in a large degree, to this remedy. It was given with the idea that her case was probably tuberculous, and for this suspicion the family history affords up more or less ground. The nucleins are said to be of avail in incipient tuberculosis, and this seemed a good case for their use, which is, of course, as yet largely empirical. The disease process in this case certainly seems to have been held in abeyance. Whether the action of the nuclein in such a case is simply to enable the cellular elements to resist encroachments of bacilli, or whether we may hope for so strong a germicidal action as to destroy entirely the bacilli, is, I judge, a question concerning which one can, as yet, only speculate. This patient understands that she is forbidden to step on her left foot or use the limb before next summer, and the day may then be still further postponed. I do not yet regard, or now report, the case as one of recovery, but it seems to me especially interesting as showing gratifying improvement under the use of an agent, quite new as yet, which may have a wide field of use. I hope eventually to have the young lady walking without apparatus of any sort and an evidence of what conservative treatment may accomplish, even in a somewhat unfavorable case."

In a postscript written January, 1896, Dr. Hitchcock adds:

"This patient was kept under frequent observation until May, 1895, the splint having been discarded sometime earlier. In May, first one crutch, then both, and later the cane were dispensed with, the injections of nuclein were discontinued, and the patient has since walked through the summer and fall without support of any kind and without any discomfort whatever in the hip. She has been very happy and grateful for her relief from pain, and it has been delightful to see her evident joy in her ability to walk without suffering. Indeed, she has been altogether a pleasing fulfillment of what I hoped to do when I first reported the case in January, 1895, and the excellent result I attribute very largely, if not entirely, to the long and persistent use of nuclein."

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A COSMOPOLITAN BIWEEKLY FOR THE GENERAL PRACTITIONER.

THE MEDICAL FORTNIGHTLY is devoted to the Progress of the Practice and Science of Medicine and Surgery. Its aim is to present topics of interest and importance to the General Practitioner, and to this end, in addition to a well selected corps of Department Editors, it has secured correspondents in the leading Medical centers of Europe and America. News of Societies, and of interesting medical topics cordially invited.

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Volume X. **SEPTEMBER FIRST.** **Number 5**

Editorial Department.

D. O.

TWO letters of the alphabet. Do you know what they mean? Have you ever seen them thus grouped before? You who have pondered over 16 to 1 have here something new to think about. It is not political, and in no way has a bearing upon the great political question of the day. They have behind them, however, questions of public health and questions which our legislators will be called upon at the forthcoming session of the legislature to consider. What then do they mean? Simply this and nothing more, it is the brand of superhuman power, of insane phantasies and mysterious something embodied in the name of osteopathy. D. O. Doctor of Osteopathy, the degree which the immortal Still is giving the uncurried, long-haired men and short-haired women, who have come to study at the feet of the prophet; ingest his absurd doctrines, vain and presumptuous beliefs, that they may go out as his disciples, to regulate the practice of medicine throughout the land. They probably fancy that they have come to the fountain-head of wisdom, that from Still they have learned

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all of the human economy, that he (Still) has shaken off the shackles of empiricism, and has given the only true insight into disease. He, the immortal Still, no longer refers all that is mysterious to the Almighty Power, that knows no limit, but proclaims that he is the embodiment of all knowledge, all that is admirable, wondrous—the controller of disease, the happy regulator of the drama of life. A vellum conferring the degree of D. O. by the American School of Osteopathy (Still & Son) is supposed to give them a passport to practice medicine "where ere they choose to roam." They, in their ignorance, believe these whimsical doctrines bearing the name of osteopathy, gives them a seat in the parquet, where they can be gentlemen. Grovelling in the dark, as they do, they are presumptuous enough to account for what is unaccountable, and like Van Helmont with his ingenious fiction of the Archus, they have not learned Rouseau's definition of reason, "*the knowledge of our folly.*"

D. O., Doctor of Osteopathy. Are we going back to the days of ancient medicine, when medical notions were hitched on to wonderful phenomena inexplainable because of ignorance? Medicine was at that remote period an astronomic science, as evidence we have the ℞ which precedes prescriptions, which was in fact the symbol of Jupiter, under whose special protection medicines were exhibited.

Still would have us go back to the zodiacal constellations and the days when the *iaters* of Greece practiced their profession as manipulators, and went about the streets crying, *Callos iatros!* (the good doctor). All who have read Homer know that massage was practiced long before Still was born, and even in the time of Homer montebanks played their trade upon the public. Balsamo, the celebrated quack of Cairo, in Egypt, had a reputation which Still would love to have. In time they lost their power and prestige, and repaired to Rome, where Cato tells us, "Those creatures quit their native country, where they were starving, to seeking their fortune in Rome." Under the censorship of Cato few dared to settle in Rome or in Roman territories (he knew quackery when he saw it), but after his death they inundated the country to such a degree, that it was said there were more *iaters* or medici than patients. Quackery ran rampant; it become the theme for the satirist, and some epigrams written at that time still survive. Symmachus was one of the greatest quacks, "his cold, investigating hands" worked wonders upon his patients. Still is the Symmachus of Missouri. To intensify his austere methods he believes in the ambulatory D. O., who on a parity with witches, sorcerers and cunning men in general, goes about "pulling the legs" of patients at so much a pull. From time remote patients have placed more faith in such humbuggery than in the prescriptions of doctors. The introduction of the D. O. is but another page to the book of quackery, which is now voluminous indeed. Still is but another of the species who have inhabited the earth since medicine began, and his followers but the ignorant off-scouring of the pseudo-scientific populace, who believe that long-hair and willowy-billowy whiskers (Herr Most cut) make up for what nature has failed to give them in brains.

The D. O. is full of belief without reason, as evidence just see the microcephalic "make-up" with which they are endowed. I presume the

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D. O. will thrive just as does the Canada thistle; we have legislated against this pest, and now our legislature must rule that the State shall not give its authority to recognize this Still & Co. private diploma mill, and put D. O.'s on a standing with scientific men. They are after recognition—all quacks are—and the profession of Missouri and Illinois must be alert, lest Still's lobby gets the plum it is after. In Illinois—the boasted leader of the States in medical reform—the D. O.'s are practicing unmolested by the State Board of Health. We opine that the late Dr. Rauch would tolerate such quackery about long enough to stick a pin in their inflated bubble. How long will the profession of Illinois stand it?

F. P. N.

Antitoxin and The Medical Brief.

IF we thought our neighbor, the *Medical Brief*, was really in earnest in its attack upon antitoxin, we probably would be disposed to ask a few questions. But in the words of Bill Nye, as the "Calamity Howler," simply wishes "to attract attention," we will refrain from asking these questions. It does seem that the *Brief's* boasted length of subscription list, must be like the river Platte, "a thousand miles long but only six inches deep," if it believes the tirades which go forth from the editorial sanctum of that journal against Antitoxin. It reminds us very much of those events in history when Jenner was attacked in Europe when he introduced vaccination, and in this country when anesthesia was introduced. There is a difference, however, in the weight of argument, for the *Brief's* guns are very light, and the shot belching forth from them, only patter like rain against the front presented by true scientific progress. Another comparison may be indulged in, viz., the barking of a dog. The *Brief's* barkings are those of the little yellow dog—which must bark at something, even if it is its own shadow—bark it must. It is a harmless bark, and all the disturbance caused, is the use of wind, which could have been more advantageously used to the advancement of medicine, by showing what real good antitoxin has done. None are so blind as those who will not see. So we must be content to let the *Medical Brief* trail along in its shallow stream; but if it wishes to pose as the great exponent of progress in medicine and surgery, it will have to get in the band-wagon soon, or it will have to be exposed to the chagrin of "I told you so," if it waits much longer. Antitoxin is here to stay, and as physicians learn more of its therapeutic powers, it will win its way along the path of progress. It is now established, and we are glad of it.

F. P. N.

DR. ELMORE S. PETTYJOHN will contribute an able paper to our next issue on the subject of "Constipation and Its Effects on the Nervous System." Dr. Pettyjohn is superintendent of that ideal home for chronic invalids, the Alma Sanitarium, and his well rounded experience ably fits him for writing upon the subject in hand.

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DR. ELSWORTH F. SMITH, of this city, died at Fort Missoula, on August 19, at the age of 73 years.

DR. E. C. HAY, of Hot Springs, Ark., spent the summer at Mackinac Island, Mich., as house physician to the Grand Hotel.

THE AMERICAN ACADEMY OF RAILWAY SURGEONS will hold its third annual meeting in Chicago's great Auditorium, on September 23, 24 and 25. An excellent program will be presented.

THE BRITISH MEDICAL ASSOCIATION will meet in Montreal, Canada, the last week in August, 1897. This will be a memorable occasion as being the first time in the history of the Association for the meeting to be held elsewhere than in one of the cities of the British Isles.

THE MEDICAL SOCIETY OF THE MISSOURI VALLEY will hold its ninth annual meeting, under the presidency of Dr. Frederic S. Thomas, at Council Bluffs, September 17th. An excellent program has been prepared, a copy of which may be obtained of the Secretary, Dr. Donald Macrae, Jr., Council Bluffs, Iowa.

PREPARATIONS for St. Louis' Thirteenth Annual Exposition indicate that it is this year to eclipse anything in its past brilliant record. Not only are the exhibits better than usual, but the line of attractions has been selected by the management with an eye to record-breaking. The usual "4 concerts daily" will be given by Gilmore's Band during the first, and by Innes' Band during the last half of the season, while each day will have enough special attractions to make it difficult to choose between them if one wishes to be there on the best days.

AN interesting feature of the Exhibit Hall, at the Mississippi Valley meeting, will be the Medical Press Bureau inaugurated by Chas. Wood Fassett, a notice of which appeared in our last issue. The plan has attracted the attention of medical publishers in all parts of the country, and the very favorable comment expressed is most complimentary to its author. Those journals that are fortunate enough to secure membership in this Bureau will at once impress the observer as representing the progressive spirits in American medical journalism. A catalogue is being prepared for free distribution.

DR. LOVE RETIRES FROM COLLEGE WORK.— Dr. I. N. Love, who has for many years been identified with the medical colleges of this city, and who is one of the ablest of St. Louis' medical educators, has tendered his resignation to the Marion-Sims College, and will hereafter give his attention to his private practice and to the editorial management of his *Medical Mirror*. Dr. Love's resignation occasions great regret to the friends of the Marion-Sims College, and of medical education. The college will find it difficult to fill his place, and it is evident that they appreciate this fact. A special committee appointed by the faculty, composed of Drs. B. M. Hypes, R. C. Atkinson and C. Borck, expressed full appreciation for past services of Dr. Love, and kindliest hopes for future pleasure and profit in all his relations.

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Original Department.

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Peritonitis, or the Differential Diagnosis of Appendicitis and other Intra-Abdominal and Pelvic Acute Inflammatory Affections.

BY CARL E. BLACK, M. D.,

JACKSONVILLE, ILL.

IT is now generally conceded that peritonitis is rarely, if ever, an idiopathic affection. Having a patient with peritonitis, we should not be content with this as a diagnosis, but, if possible, determine the underlying cause. Often this is a very difficult problem.

The anatomical relations of the parts show us the difficulties to be encountered. There are two sets of organs, the abdominal and pelvic, separated from each other by the peritoneum. It is this pelvic peritoneum which is most often involved in inflammation. Disease arising in the abdomen often gives rise to inflammation of the pelvic peritoneum, as does disease arising in the pelvis. On the other hand, disease of the pelvic organs leads to general peritonitis. The very nature of the anatomical relations make it difficult to locate the disorder.

Taking a historical view of the subject, we see that during the last fifty years a wonderful advance has been made in our understanding of this affection. The diagnosis of peritonitis has long been plain, but even up to the middle of the present century, little or nothing had been learned of the causes underlying it. It was considered as a primary affection dependent on causes external. All the inflammations occurring in the abdomen were classed under the term "Entritis," "Inflammation of the Bowels," Peritonitis, Perityphlitis, etc.

One of the earliest mentions of this affection is found in Lucan's (Pharsalia, Book IX) description of the misfortunes of Cato's soldiers as they marched through the Lybian desert. He uses the following language:

> "The spreading poisons all the parts confound,
> And the whole body sinks within the wound.
> The brawny thighs no more their muscles boast,
> But, melting, all in liquid filth are lost;
> The well-knit groin above, the ham below,
> Mixed in one putrid stream together flow:
> The firm peritoneum, rent in twain,
> No more the pressing entrails could sustain;
> It yields, and forth they fall:
> At once they gush amain."

The classification of these disorders has gone on, and one after another of the pelvic and abdominal affections which give rise to peritonitis have been separated, until we are forced to the conclusion that idiopathic peritonitis is an exceedingly rare affection. Some observers have taken the ground that it never occurs. The symptoms in such cases are varied and cannot always be relied upon in making a positive diagnosis. We must

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take into consideration the history of the case and the physical signs, as well as the symptoms.

As an illustration of the difficulties encountered in diagnosis in some cases, a case was recently reported in which the diagnosis of appendicitis seemed probable, and yet the symptoms were obscure, and physical signs nil. Just as the patient seemed improving and almost free from fever, collapse came from the rupture of an appendical abscess which had existed a number of days.

In a recent case I felt positive that the patient had appendicitis, but on opening the abdomen found the whole difficulty due to a pyosalpinx and ovarian abscess of the right side. In this case the pain was at McBurney's point.

The symptoms and signs of appendicitis are, usually, localized pain, tenderness, swelling and rigidity of the muscles on the right side of the abdomen, accompanied by elevation of temperature, rapid pulse, vomiting and constipation. These are the symptoms of a localized peritonitis. Almost identical signs and symptoms may be produced by intestinal obstruction, the passage of gall stones, enteritis, or some pelvic disorder.

In a recent case of appendicitis, I found the appendix located high up behind the liver, the pain was general over the abdomen, although finally localized at McBurney's point. The seat of pain is not always over the appendix.

The character of the inflammation depends on the nature of the foreign material entering the appendix and of the micro-organisms setting up the inflammatory condition. There may be a simple catarrhal inflammation with no suppuration and complete recovery without operation.

It may be if all the facts could be known, the large majority of cases are of this nature. There is little doubt but that most of the cases of appendicitis recover without suppuration. The cases vary much in intensity, some are slow in developing, and never present alarming symptoms while others are intense from the outset, and death may come within a few hours. The species of micro-organisms producing the inflammation probably has much to do with its character. Several cases which have come under my observation might be mentioned.

Mr. B., aet. 24, taken in evening with pain in abdomen, more pronounced on the right side. High fever, reaching almost to 105°. Obstinate constipation, which we were unable to relieve. In spite of all efforts the symptoms increased until the end of the third day, when collapse and death came on suddenly.

In the case of Mrs. W., aet. about 40 years, which I saw with Dr. Hairgrove, of Jacksonville, and in which he made an exploratory operation on the third day, the symptoms of appendicitis were classical. The case progressed rapidly, and at the time of the operation, on the third day, the abdominal cavity was completely filled with inflammatory exudate which was becoming purulent, and adhesions. It was impossible to separate the various organs, and the cavity had to be closed without finding the appendix or an abscess, if one existed.

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In the case of L. B., aet 7 years, the symptoms were the most acute I have observed. Child in good health, taken sick in the night with "stomach-ache," but was able to get up and go about all day and ride six miles in buggy. Mother thought it only an ordinary "stomach-ache." In the evening the pain was worse, and they thought perhaps they had better have the doctor, although they did not consider that much was the matter. At the first visit appendicitis was suspected, although the pain was more over the stomach. By midnight the case had progressed until there was little doubt of the true nature, and by early morning the diagnosis was positive. Immediate operation was advised and undertaken at once. The abdominal cavity was filled with inflammatory exudate which was becoming purulent. The appendix was found enlarged, inflamed and bound down by adhesions which were beginning to have considerable strength. The appendix showed a gangrenous point, where a hard concretion was protruding.

These cases illustrate the rapidity with which these symptoms come on. Of course such cases are accompanied by high fever and rapid pulse. The character and rapidity of the pulse is considered a valuable diagnostic point. In an intra-abdominal inflammation where the pulse persists above 120, it is said that appendicitis is almost certain. On the other hand, some cases are essentially slow, and develop into a chronic condition with suppuration and extension of the abscess.

The following case illustrates this. F. J., aet. 32, had an acute attack of appendicitis four years ago. It was of moderate severity, but almost before the first attack was over, another came on. This recurrence kept up for several months, during which time he was almost constantly confined to his bed. As a result of these attacks an abscess developed. He persistently refused to accept any operative relief. During the past three years he has had an attack every few months, which puts him to bed for from three days to two weeks. The pain is always at exactly the same point and accompanied by fever and acceleration of the pulse. There can be little doubt in this case of the existance of an appendical abscess. During the early part of the case an attack was relieved by the evacuation of pus by the bowel. This patient will never be well until the abscess is removed. It will continue a menace to his life.

While the case just mentioned is essentially slow and chronic in character, it is also decidedly a suppurative case, and the repeated attacks depend on the extension of the abscess involving new areas of peritoneum, and giving rise to areas of localized peritonitis, upon which its symptoms depend.

The case of D. H. A., of Delavan, Ill., aet. 25. is one of chronic appendicitis, that is, a case which was chronic from the beginning, and consisted in the involvement of a large area of peritoneum in an inflammatory process with the formation of a large amount of inflammatory tissue, and with very small amount of suppuration. The history of this case is interesting. In August last, the patient was attacked with pain in the right iliac region, followed by tenderness at McBurney's point. For forty-eight hours the symptoms were severe, and the patient remained at home, although not

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entirely confined to his bed. Gradually the symptoms subsided, and he went about his usual business, although from that date up to the middle of January he had continual tenderness and more or less pain in that region, and gradually a thickening could be felt at that point, showing that an abscess had formed, or inflammatory tissue had been produced. The tenderness and pain were always at the same point, although he was never confined to his bed more than two days at a time during the five months of the existence of the trouble. General treatment with rest in bed was tried thoroughly, but with no improvement. Finally I advised the patient to have an exploratory operation, as the continual tenderness and pain was beginning to tell on his general health, and on January 14, the abdominal cavity was opened over the appendical region. I at once came upon strong fibrous adhesions which bound the cœcum and considerable part of the ascending colon firmly to the wing of the pelvis. These adhesions were slowly loosened, and the cœcum freed from its bondage. After getting the adhesions all loosened it showed that the cœcum and about six inches of the large intestine and about three inches of the small intestine were included in the inflammatory tumor. A thorough search was made for the appendix, but none was found. At the point where the appendix should naturally be there was a very small abscess containing a few drops of pus, but the appendix had been entirely obliterated in the inflammatory process.

Undoubtedly, this was in the beginning a case of chronic catarrhal appendicitis, having a very slow course, and giving rise to the formation of a large amount of inflammatory tissue which kept up a mild localized peritonitis. Formerly this would have been classed as a case of chronic inflammation of the bowels, neuralgia of the bowels, or some other of the various names attached to these conditions. The diagnosis is often obscure in the outset of these cases, even in the male where there are very few affections from which it must be differentiated. One important lesson learned from experience is, that in the male, peritonitis is rarely induced excepting by an appendicitis. Probably nine cases out of ten of peritonitis occurring in men have an appendicitis as the causative lesion. This fact must always be borne in mind in dealing with such a case.

It is quite different when we have to deal with peritonitis in the female. Here we have the abdominal organs on one side and the pelvic organs on the other side of the pelvic peritoneum. The history of the case is of great importance, especially as to the pre-existence of an endometritis. This is about the only symptom of importance in a simple salpingitis. The patient will probably complain of malaise, backache, with slight elevation of temperature and acceleration of the pulse. Physical signs will be entirely absent until the tube begins to be distended with fluid, or the inflammation has invaded the cellular tissue surrounding.

After the tube is distended with the product of the inflammatory process, we have no symptoms excepting those due to localized peritonitis. The symptoms are those of salpingitis with its pre-existing endometritis and menstrual disturbances. However, when the tube becomes distended we have physical signs which aid in diagnosis.

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The uterus is not freely movable, and an elongated cystic tumor may be felt at the side of the uterus, which is separated from it by a sulcus.

When the case has developed into an interstitial salpingitis and ovaritis, there are more marked leucorrhœal discharges, hemorrhage, pain, constipation and irritability of the bladder. The symptoms are very deceptive, and a physical examination is necessary to make the diagnosis. We must be able to palpate an enlarged and tender tube.

Where the case has passed to the suppurative condition or an ovarian abscess is developed all symptoms are exaggerated, and added to them we have those arising from a septic condition. Temperature more elevated (100–104). Pulse more rapid (100–140). Distention of abdomen more persistent, and intense pain and loss of flesh. The tumor found on vaginal examination is different from that of pelvic cellular abscess, in that it is circumscribed.

Pelvic cellulitis cannot be distinguished clinically from peritonitis. We may be able to determine with reasonable certainty that we have a cellular abscess, but we cannot be positive that it has not had its origin in a salpingitis. This will be the fact in a majority of cases.

Not many years ago much was written and said about the great pelvic abscesses, and what to do for them. At present the great problem is not so much what to do for them, but how to prevent them. Our duty to our patient after we are positive of the existence of an abscess in this region, or any other, is plain. It must be evacuated or removed at once.

In the case of Mr. A., seen in consultation with Dr. Cole, of Jacksonville, there was a plain history of an attack of appendicitis, from which patient had apparently recovered. The second attack came on much the same as the first, but instead of tending to recovery, the symptoms and signs of pelvic abscess developed. A large abscess was found low down in the abdomen on the pelvic peritoneum. An incision was made low down through the abdominal wall. A large quantity of pus was evacuated and drainage established. In this case the general peritonitis had subsided, the abscess become walled off, and we were fortunate to evacuate and drain without exciting a new general peritonitis.

A case of appendicitis seen with Dr. Baker, of Jacksonville, to consider the advisability of an operation, proved to be unique. The diagnosis was clear, but as the patient was improving, operative procedure was postponed, with the result that the patient passed per rectum, what seemed to be the appendix, which showed unmistakable signs of having been bathed in pus for a time. A quantity of foul smelling pus accompanied its discharge. A somewhat similar case is reported in the 1895 "Annual of the Universal Medical Sciences."

In these cases the appendix had probably ruptured and an abscess formed around it, which finally discharged near the attachment of the appendix. The slough continued until the appendix was detached and came away.

In the case of Mrs. P., referred to above, the previous history would be of little assistance. She had had perfect health, regular menstruation without pain, no attacks of illness of any kind; had borne five healthy

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children, and had had no miscarriages. Suddenly, at the end of the third month of pregnancy, she was taken with terrific and prostrating uterine hemorrhage, which demanded the immediate evacuation of the uterine contents. The case progressed favorably for ten days without fever, pain or tenderness, and was considered convalescent. At this time she developed what seemed to be a typical attack of appendicitis, as far as the symptoms and signs were concerned. There was intestinal obstruction lasting nine days, and general peritonitis having a seat of greatest intensity at about McBurney's point. Still the fact of the recent abortion and the probability of salpingitis could not be lost sight of. The acute symptoms subsided in about twelve days, but the localized tenderness continued in a modified form, and the bowels were irregular. Shortly symptoms of abscess came on, fever, loss of appetite, loss of flesh, etc., and yet nothing could be discovered through the vagina or rectum until these symptoms had existed for nearly a month. Gradually there was enlargement of the right tube and ovary which could be felt, and the diagnosis of pyosalpinx with ovarian abscess made certain. It was decided to make an operation, as it was evident that the patient was losing ground, and would not survive long in her condition. On opening the abdomen both tubes and ovaries were found to be the seat of suppurative process—the left slightly, and the right very much enlarged, showing that the condition had existed for a considerable length of time. The appendix was examined and found perfectly normal.

A short time ago I was called to see a case in consultation with Dr. E. F. Baker, of Jacksonville, Ill., to consider the advisability of operation for an ovarian abscess. The diagnosis was plain. An inflammatory tumor the size of an orange, was present in the left ovarian region, which had appeared and increased in size during a very prostrating attack of fever, pain and tenderness accompanied by rigors. There was a history of two abortions, probably self-produced. Immediate operation was advised and consented to by the patient and her physician, but some others had to be consulted as to the detail of the arrangement, making a little delay necessary. During this delay there was a sudden attack of pain, followed by free dischuarge of pus per rectum, and almost complete disappearance of the tumor within twenty-four hours. Operation was then refused by the patient, and she seemed to make an uninterrupted recovery. There should be an operation in this case even now, because it is not probable that the sources of infection have been completely removed, and sooner or later there will probably be a renewal of the difficulty. A considerable number of similar cases have been reported, in which the abscess cavity becomes adherent to the intestine, and finally ruptures through into it. It is never safe to delay, with the hope of having this termination, because it is far more common for the abscess contents to make its way into the peritoneal cavity, bringing on a fatal peritonitis.

In conclusion, I would report the following case, because it presents a picture of a typical recurrent perforating appendicitis in the female. As we have all reason to know from experience, it is often difficult to differentiate the peritonitis of appendicitis in the female.

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On March 14, 1895, was called by Dr. M. A. Halstead, of Jacksonville, to see a young, unmarried woman, age 30, giving the following history: Up to the first of January had always been well and strong, a perfect physical woman. At that time had sudden attack of pain in the right appendical region, accompanied by tenderness. Presented all the symptoms of a localized peritonitis depending on an appendicitis, which was treated by rest in bed and general measures. In three or four weeks the patient was perfectly well, and began to go about her usual business. Occasionally had some pain and tenderness, and once went to bed for a day or two. On Friday morning, March 14, she began to have pain and tenderness in a more pronounced form, and the doctor was called, and advised her to go to bed, and prescribed some general remedies. This time there was no rise in temperature. The next morning patient was fairly comfortable until noon, when she became suddenly worse and pain became intense and unbearable, and tenderness was marked. It was this time I was first called to see the patient. Within the first hour temperature went up to 101, and vomiting came on. In three hours temperature ran up to 103, pulse to 140, and was very weak and thready. Lips became blue and countenance pallid. The patient showed all signs of impending collapse, from what we diagnosticated to be perforated appendix. Operation was advised, but it was thought best to delay a few hours, until the symptoms had subsided somewhat, as they seemed to show a tendency in that direction. At the end of four hours the heighth of the fever was reached, and within the next six hours the temperature had subsided to 101, and the pulse to 120. All preparations were made for operation, but as it was evening it was decided to delay, if possible, until the next day, and as there were distant relatives, whom it was important to consult, we delayed in fact until the morning of the second day, although being prepared to operate on a moment's notice if the symptoms showed a tendency to return. On the morning of the second day after the attack an incision was made over the appendical region and the appendix removed. Considerable inflammatory tissue had formed, The appendix was found low down behind the cœcum, and when brought out through the wound showed unmistakable perforation. Within two hours after the operation the pulse dropped from 96 to 60, and never went above 72 afterwards, and the temperature remained normal. The patient made an uninterrupted recovery.

This case gives a perfect picture of what was formerly diagnosticated as acute peritonitis, or acute inflammation of the bowels, but in the light of our present knowledge of appendicitis, the peritonitis is simply a secondary matter caused by the inflammation arising in the appendix.

Carl E. Black.

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The Medical Fortnightly

Fatal Chorea, with Report of Case.

BY FRANK R. FRY, M. D., AND M. A. BLISS, M. D.
ST. LOUIS, MO.

Read at the St. Louis City Hospital Medical Society, April 23d, 1896.

THE following are the notes of a cases of chorea which terminated fatally after being under our observation from December 29th, 1895, to January 2d, 1896, five days.

Previous History.—Six weeks before the mother had first noticed the choreic movements. She soon discovered that the left hand and foot were most affected. Her desription was that of the onset of an ordinary chorea. A Homeopathic practitioner had charge of the case until we were called. He seemed to have used remedies in a homeopathic way throughout. The movements slowly but steadily grew worse. Just one week prior to our first visit the mother noticed the child unusually restless in her sleep, went to her bed, placed her hand upon her forehead. She awoke with a start. From that time the chorea has been very severe. The patient had remained in bed, rested poorly and taken little nourishment; had been feverish, calling frequently for water.

Before she took to bed the mother thought that she had occasionally fever, and on some days she was droopy. But for the most part she kept in good spirits, was always amiable, trying to assist in the domestic duties, in which respect and in needle-work she was very proficient for one of her age. She had also made good progress at school, and had occasionally complained of rheumatoid pains in the legs, but they were never an important feature.

Clinical History.—Mary S., age 13½ years, blonde, large and well-developed for age. The movements were very severe, involving face, neck, trunk and extremities all about equally. She lay in the center of a large bed, banked on all sides with pillows. The administration of nourishment was extremely difficult, on account of the constant and severe movements. Deglutition did not seem much impaired. The patient declared that she was hungry, and patiently took what was given her in small amounts—always fluid. When questioned, she insisted that she had no pain, that she was only very tired, and asked for something to rest her. It had become impracticable on account of the choreic movements to use the night-vessel, pads being used to receive the excreta, which were not passed involuntarily.

The sensorium was clear, and although articulation was difficult and very imperfect, she made all her wants known to her mother. She occasionally became somewhat impatient, but her conduct was surprisingly rational and considerate. On awakening from sleep she had occasionally seemed momentarily delirious or dazed.

There was but little chance from the above condition until the last day of her illness. Medication was very unsatisfactory. Twelve grains of chloral would secure sleep of two hours' duration, one-fourth grain doses of

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morphine hypodermically for three or four hours. Sometimes both of these remedies had only the slightest quieting effect. The movements ceased during sleep, but were as severe as ever on awakening. On the 31st and 1st there were once or twice transient illusions, e. g., she insisted that her brother had placed a false-face on the ornament on top of the stove in the room which she occupied. But she soon recognized the normal appearance of the object.

On the night of the 1st she was very restless. The morning of the second found her with a temperature of 104 and delirious, the movements somewhat subsided. On the evening of the same day she was comatose, temperarture 105.2 Cheyne-Stokes respiration, no movements. She died at 2 A. M.

SUMMARY.

Temperature.	A. M.	P. M.
December 29th...	.....	101
" 30th...	101	100
" 31st...	102.5	101
January 1st...	101.5	103
" 2d....	104	105.2

Pulse.—Irregular, but of fair volume and force. Ranged from 120 on the first and second days, to 140 on the third and fourth. On the evening of the second (last day) it was 160, and could be easily counted. It seemed that death would result from failure of respiration.

The Heart.—The sounds were surprisingly good. On some of the examinations they were somewhat tumultuous, but never markedly so. The mother stated that there were occasional short spells of palpitation of which the patient complained, and which were apparent. We did not witness them. There was a soft systolic murmur at the apex.

The Respiration.—At times irregular, jerky, sighing, characteristically choreic the first days. On the last day bad.

No Complications.—There were no swollen or painful joints, no abdominal symptoms, nor evidence of complications of any kind. She had no headache. The urine and blood were not examined. A post-mortem examination could not be obtained.

A sister of the father died of chorea at the age of eight. His mother (still ilving) says she was affected much the same as this child.

In assigning chorea as a cause of death, we must not lose sight of the fact that our knowledge of its pathogeny is so limited as to leave some room for question in any instance. An examination of the literature shows that this cause has been assigned in the presence of complications which would seem to leave little reason for such assumption. Yet, assuming that Sydenham's chorea is a definite disease, a certain number of fatal cases may with propriety be cited. They are cases in which have appeared the typical onset and characters of chorea, with an absence of complications which, with reason, could be considered to have influenced the fatal issue. Quite a number of cases of this description have been collected. In the clinical histories of many of them there is considerable similarity. We cannot say

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as much, however, for the pathological findings. In cases where autopsies have permitted pathological and bacteriological investigation a variety of conditions have been reported, and no class of lesions has appeared constantly enough to be accepted as a basis for a pathological explanation of the disease. It would seem that we are still far from a solution of this point. The fatality of ordinary chorea is small, and the autopsies correspondingly few. But in recent years there has been some very thorough work in the line of pathological investigation of the disease. We will here only be able to cite enough of this to indicate the directions which these investigations have taken.

In 1890 Dana reported in "Brain" a very complete examination of a patient who died, while suffering with chorea, from an acute pneumonia of two days' duration. He summarized as follows:

Brain.—Chronic leptomeningitis non-adhesive, and, therefore, not severe. Diffuse and varicose dilatation of the small arteries, especially of the deeper subcortical matter and capsule. Degenerative changes in the arterial walls; no arteritis. Perivascular lymph spaces greatly dilated. Cortical cells in regions normal. The severest changes vascular, interstitial and degenerative, were in the under surface of the temporal lobes, in the internal capsule and adjacent parts of the corpus striatum (especially lenticular nucleus) and optic thalamus (antero-internal part). Varicose nerve fibers were here noticed.

Pons and Medulla.—Same condition, but much less marked. Cell degeneration in some cranial nerve nuclei. Slight connective tissue increase in pyramidal tracts.

Cords—Slight leptomengitis. Congestion of cord especially in lateral tracts. Double central canal.

Dana has reported two post-mortems subsequent to the one above recorded. In one he found a leptomeningitis involving the vertex of the brain, which microscopically was found to be a proliferation process without exudation or much cell infiltration. A diplococcus was found in the superficial layer of the cortex, where there was also found infiltration and degenerative changes. There was no heart disease or rheumatism.

In another carefully reported case he states there was found meningitis of the convexity characterized by active connective tissue proliferation and presence of diplococcus in the membrane and cortex. Evidence of degenerative change in the cortex extended in diminishing intensity to the deeper parts of the brain, capsule and lenticular nucleus. Periarteritis was marked in the neighborhood of the anterior pyramids.

On the other hand, Struempell and Osler have each reported three cases in which absolutely nothing abnormal could be found in the central nervous system. However, the majority of cases examined show changes in a measure identical with those found by Dana.

From Naunyn's clinic a case is reported where there was a reddish brown infiltration of the pia at the base of the brain of microbic origin.

Osler found a spot of red softening in the corpus striatum.

Dr. Handford, of England, found hemorrhagie and thrombi in the dorsal and cervical cord, and in the pons and medulla, as well as in the mortor cortex.

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The fatality of chorea is placed at about two per cent of all cases. Probably the most reliable data on this point are from the collective Investigaton Committee of the British Medical Association, which places the per cent as above. Wharton Sinkler states that only sixty-four deaths from chorea have occurred in Philadelphia in seventy-four years. Our own collection of cases embraces a few more than a hundred, of which we have more or less complete histories. Some years ago we reported the death of a boy about six years of age, who had slight choreic movements. He had a severe general arthritis affecting all the large joints of the body, endocarditis and high fever. In the midst of the attack there appeared on the skin a general eruption, which Dr. Joseph Grindon of this city examined and pronounced chicken-pox. He died from exhaustion, the chorea in the meantime having subsided.

Some three or four years ago we saw, in consultation with Drs. E. W. Saunders and E. H. Gregory, of this city, a woman about twenty-five years of age, in the eighth month of pregnancy, with a severe chorea of a rather maniacal type. There was a history of domestic infelicity and possible brutal treatment by the husband. The case passed into other hands soon after our observation of it. We learned that labor had been artificially induced, and the patient had soon thereafter died.

Excepting the case herewith reported, these are the only instances of death occurring in connection with chorea in cases coming under our observations. In neither of them do we think it warrantable, for manifest reasons, to assign the cause of death to chorea. In the case reported this evening, however, we found no other assignable cause. As already stated, no evidences of complications could be found.

In discussing fatal chorea it may not be amiss to say a word about the prognosis of chorea in general. Among the laity there is a general knowledge of the existence of the malady known as St. Vitus' or St. Anthony's dance. There exists also a general dread of the disease, based not alone on the distressing appearance of those afflicted with it, but often, as we have particularly remarked, on a belief that the patients never fully recover, that it passes into a chronic form, or is followed by some persisting sequel. That there is some ground for this belief we must admit. Although we do not recognize conditions which we may describe as definite sequelæ we know that a considerable proportion of its subjects suffer subsequently from various forms of nervous disturbance, not necessarily because they have had chorea, but because they are neuropathically predisposed, and the choreic attacks are simply evidence of this fact. Chorea is very frequently associated with neuropathic family histories. Yet if we accept the more modern theory of an infectious origin of the disease in certain cases, and at the same time consider its effects on the central nervous system, as indicated by pathological findings in the more severe cases, it would not seem improbable that lasting disability might be at times a direct result of an invasion of this kind. It is our individual experience that the victims of chronic neurasthenia and migraine, especially females, not infrequently have been afflicted with chorea in childhood.

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Osler gives an analysis of 410 cases with a view of exhibiting the tendency to recurrence. Of the 410 cases 240 had one attack, 110 two attacks, 35 three attacks, 10 four attacks, 12 five attacks, 3 six attacks.

Other observers reach much the same results. These figures in themselves, however, do not reveal the fact known to all who have observed numerous cases, that many of them run along for months, occasionally for years, in what may be termed a hypo-choreic state, never perhaps having more than one or two decided outbreaks, but apparently almost constantly on the verge of one. Yet even these eventually lose the choreic tendency, for it is a fact that juvenile chorea very seldom persists into adult life.

Treatment of Hay Fever.

BY WILBUR W. BULETTE, M. D.,

PUEBLO, COLO.

Laryngologist and Otologist to Pueblo Hospital; to Pueblo Children's Home; to Colorado State Insane Asylum; to Colorado Home for Feeble-Minded; Member American Medical Association; Colorado State Medical Society; Pueblo County Medical Society; Honorary Member of Philadelphia County and Northern Medical Societies, Philadelphia, etc.

Read before the Twenty-sixth Annual Convention, State Medical Society, Denver, Colo., June 16-18, 1896.

THERE is possibly no disease which the physician is called upon to manage, that requires more careful judgment than the treatment of hay fever. No specific has as yet, nor probably ever will be found to cure the affection; each case is a law unto itself, and rarely can any two sufferers be treated and managed precisely alike.

As the result of my own experience, I here make the bold assertion, that more than eighty per cent of individuals suffering from hay fever can be permanenty and effectually cured. I am well aware in making this statement, that it is not fully in accord with the opinion of the majority of the profession, but the reason that an adverse opinion so largely prevails is, because physicians are apt to be careless and indifferent in the examination and treatment of this class of cases.

We must thoroughly examine our patients from head to foot, and interrogate every organ of the body, and eliminate every possible source of irritation, and each pathological condition.

The mode of living must be inquired into, and often modified, the diet must be carefully regulated, and systematic rules of hygiene should be instituted and insisted upon. In medicine it is often the little things that count for much, and nowhere is this fact more fully emphasized than in the treatment of the affection under consideration.

A large number of cases of hay fever occur in persons who have inherited or acquired a catarrhal tendency. They have had, or been subject to, measles, pertusis, scarlet fever, croup, tonsillitis, quinsy, and like troubles. Also frequent attacks of coryza or "head colds;" still another percentage acquire or inherit—more frequently the latter—a condition akin to lithæmia,

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We find an excess of uric acid in the system, the patient suffers from disorders of digestion, and circulation, and the general nutrition of the body is impaired, and they exhibit an abnormal sensitiveness of the respiratory tract to certain sources of irritation, which may be described as an idiosyncrasy.

In those of a lithæmic tendency, we find the urine abundant, high-colored, distinctly acid, specific gravity often 1030, and depositing crystals of uric acid, urates and phosphates, and during the exacerbation there is a superacidity of the alimentary tract.

So far as the writer can learn, no systematic study has been made of urine during attacks of hay fever, but it offers a fertile field for investigation. It is possible that the urine becomes of high specific gravity and deposits solids in excess, because of the fact that such large quantities of serum are lost through excessive nasal secretion.

Hay fever is undoubtedly caused by mechanical irritants in the atmosphere, acting upon a hyper-sensitive nasal mucous membrane, in persons of a neurotic temperament. This does not mean that all persons affected are highly nervous; some are of nervo-bilious, others of nervo-sanguineous temperament, but all belong to the active, energetic class of so-called nervous organization.

As was well established by Wyman, the disease is frequently transmitted from generation to generation, and it is not an uncommon thing to be called upon to treat parents and children, and even grand-children at the same time.

That the causes which produce the affection act alike upon many thousands, and who may have inherited or acquired a susceptible tendency, and yet only a small percentage are attacked, is admitted. There must, therefore, be some individual peculiarities, which predispose certain persons to the trouble. These are, a nervous element, or a neurosis, as established by Beard, a local pathological lesion in the nares, demonstrated by Daly, and the presence of a mechanical irritant in the atmosphere, as shown by Blackley.

I have never seen a true case of hay fever in which these three conditions were not present; and I further affirm, that no one is susceptible to an attack of hay fever in whom one or more of these conditions is absent.

In certain sections of Colorado there is a variety of the affection known amongst the laymen as blossom or cottonwood fever, and is very prevalent in areas where the cottonwood tree abounds. The symptoms are practically identical with those of the autumnal variety, except that the throat and bronchical irritation is intensified, and the course of the attack is samewhat shorter. In the form under consideration the symptoms manifest themselves about the 12th of April, and terminate the latter part of May, rarely running longer than June 1st. The following report of a case recently treated will illustrate the spring or cottonwood variety of this affection:

March 12, 1896. Mrs. S. consulted me for advice as to what could be done to cure her of cottonwood fever, from which she had suffered each succeeding spring for six years. She had been under the care of other phy-

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sicians, all of whom had advised that nothing could be done to alleviate her trouble.

The following is her history. Age 35; born in Missouri, of Anglo-Saxon parents; spent most of her life in Central Pennsylvania, among the Alleghany Mountains; came to Pueblo, Colorado, seven years ago, and has lived here ever since; father was killed in the war, was strong and vigorous, had no nose or throat affection; paternal grand-parents were also free from disease of the respiratory passages. Mother suffers from rheumatism and nasal catarrh, which is worse, and has been for some years, in the late summer; a maternal aunt has had nasal catarrh for years, also attacks of hay fever. As a child was subject to croup, had severe attacks of tonsillitis, and quinsy, measles at twelve, whooping cough and mumps at thirteen, diphtheria at fourteen years of age; was strong and healthy until the age of twenty-eight, when she had a severe attack of typhoid fever, and within the past six years has had repeated attacks of rheumatism, suffers from nervous headaches, dull pain across bridge of the nose, over eyes, and in occiput, and has also suffered for some time from granular lids. Menstruation has always been regular and painless; had miscarriage four years ago; has one child five months old, which she is now nursing. Appetite usually good; bowels irregular, tendency to constipation, and is troubled with hemorrhoids. Kidneys active; sleeps well. Patient is well nourished, rather corpulent, weighs 158 pounds, and is of a nervo-bilious temperament.

About April 12th experiences a feeling of lassitude, and tires on slightest exertion, with depression of spirits; sense of uneasiness about nasal passages, with disposition to sneeze, itching and burning in and about nasal cavities, extending to roof of mouth and soft palate, often a stinging, sharp pain in the nose and along the free margin of the soft palate, excessive watery discharge from nose and itching of eyelids; the trouble progresses until April 25th to 28th, when the symptoms become intensified, discharge from the nose becomes muco-purulent, uncontrollable sneezing, nares become occluded, so that mouth breathing is imperative, great irritation of the eyes with lachrymation, loss of sense of smell, some impairment of taste, anorexia, sleeplessness, violent paroxysms of cough, with some expectoration, hoarseness and sometimes loss of voice for some days. Two years ago asthmatic symptoms developed; the attacks were spasmodic in character, coming on usually between 12 and 1 o'clock, so that she was unable to recline in bed, having to be propped up with pillows.

These symptoms are intensified in paroxysms, and are aggravated by sudden changes of temperature, by sun and artificial light, exposure to dust, or after exertion. The symptoms continue uninterrupted until about May 15th to 20th, when they disappear, and patient enjoys good health until the succeeding season, except that she cannot at all times breathe through her nose.

Upon examination of this patient I found the inferior and middle turbinates on the left side greatly hypertrophied, a large spur from the vault of the naris pressing against both the middle turbinate and the septum,

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This mass was so exquisitely sensitive that touching it with a cotton tipped probe provoked a violent paroxysm of sneezing and cough. On the right side, the middle turbinate was normal, but the inferior was much enlarged and pressed against the septum, which was slightly deviated to the right; a cartilaginous spur was also found springing from the vault of the naris and adherent to the septum at the sutural attachment of the vomer with the triangular cartilage. There was also catarrhal pharyngitis and laryngitis, and slight enlargment of the faucial tonsils.

I removed the spurs on each side with saw and chisel, and cauterized the turbinates and sensitive areas of the nares with tri-chlor-acetic acid. She was kept under observation until May 25th, and was this season free from usual symptoms, except for three days there was some cough.

During course of treatment patient's urine was examined several times, and was found highly colored, distinctly acid, specific gravity 1028 to 1032, and depositing solids in excess.

In a disease presenting such a variety of symptoms, it is impossible to lay down fixed rules for treatment, but each case must be managed on its own merits. The first important step in the treatment is careful regulation of the diet, a mixed one being preferred, in which neither the nitrogenous nor carbohydrate elements predominate; the nervous system should be fed, all excesses are to be held in abeyance, alcoholic stimulants absolutely forbidden, systematic rules of hygiene should be instituted, as has been seen, and often a change of occupation may be necessary.

The morbid lesion of the nasal passages should next receive attention, whether it be a deflected septum, exostosis, enchondrosis, polyps or hypertrophy and vascular turgescence of the turbinated bodies. In young subjects, in addition to intra-nasal disease, we often observe adenoids of the pharyngeal vault, and enlargement of the faucial tonsils. These should also receive attention. A most critical examination of the nares should be made in all cases, as, when it is remembered that the nasal mucous membrane in adults covers an area of about twenty-six square inches, it is easy to understand how disease may remain undiscovered in some part. The neurotic conditions are often excited by intra-nasal pressure, which is either constant or intermittent between different parts of the interior of the nose. This pressure may exist between the turbinated bodies and the septum, or between the turbinals themselves, or between the inferior turbinate and the floor of the nose.

To achieve the best results, treatment should begin from six to eight weeks before an expected attack, and I do not believe it good surgery to perform a radical operation in the nares during the exacerbation of the affection, as the proper conditions for good surgical repair are wanting when engorgement is so great. If the case comes under observation during the attack, we can only palliate the trouble.

Great benefit will often result by applications of tri-chlor-acetic acid or the galvano-cautery to the sensitive areas, and of these agents I prefer the former; the reaction after its use is not nearly so great, and the parts heal more kindly than after the use of the galvano-cautery; deep cauterization and wholesale destruction of the mucous membrane cannot be too strongly

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condemned. In the majority of cases the posterior, two-thirds of the inferior turbinals, and the septum, are the most sensitive areas, and failures so often result from local applications, simply because these areas are not reached, and this is particularly true of the extreme posterior ends of the inferior turbinals, and contiguous portion of the septum.

Where posterior hypertrophies are sufficiently large to be grasped by the cold wire snare, the hypersensitive condition can often be relieved by the use of this instrument.

In cases where the turbinates are very large, and are hard and fibrous, I like the use of the nasal trephine, running the instrument from end to end of the turbical under the mucous membrane; by this operation none of the membrane is destroyed, except point of entrance and exit of the instrument, and the result is more permanent than cauterization.

Gently clipping the lower edge of the inferior turbinate throughout its entire length with curved scissors will often give marked relief.

In addition to alkaline spray to the nares, applications of tannin gr. v, boric acid gr. x, cocain gr. i, ol. hydrocarbon comp. f℥i, alternating with inhalations of solution of carbolic acid (crystals) 3i, camphor 3iss, chloroform 3iiss used in a smelling bottle, will often do much to palliate the distress. The former mixture I like, because it is not readily absorbed, and on account of its consistency will lie in contact with the parts for hours. Internally a pill of hydrobromate coniium gr. ¼, chloride ammonium gr. ½, pulv. opii, ext. belladonnæ and ext. aconite aa gr. $\frac{1}{10}$ given every two or three hours will often allay the irritability of the nasal passages and stop excessive secretion.

I wish to emphatically condemn the indiscriminate use of cocain sprays, as its effects is but transient, and after its use the nasal mucous membrane is left in worse condition than before; besides, the habit is so readily acquired; in my judgment one had far better remain a sufferer from hay fever, than to endure the everlasting torture of cocain inebriety.

Amongst the drugs which I have found to act well in this affection, are potassium iodide in gradually increasing doses, which may be dissolved in essence of pepsin (Fairchild). Alkalithia (Keasbey and Mattison), valerinate quinine, strychnia, arsenic, phosphide zinc, hyoscyamus and preparations of iron. I frequently give the following pill:

℞ Zinci phosphidi.....gr. $\frac{1}{20}$
Quininæ valerinas.....gr. ii
Ext. nucis vomicæ.....gr. $\frac{1}{20}$
Hyoscinæ hydrobromas.....gr. $\frac{1}{60}$
ft. pill or capsule No. 1.

S. Take before meals. Followed after meals by Fowler's solution.

Many of the alkaline mineral waters are valuable; frequent salt bathing, followed by brisk rubbing, is grateful and keeps the skin healthy.

For the cough and bronchial irritation I have found nothing better than gelsemium internally, and intra-laryngeal injections of a mixture of menthol gr. x, guaiacol carb. gr. vi. europhen gr. x, ol. pine needle, encalyptol and cajeput aa 3i, therapol q. s. ad. f℥ii.

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To allay the irritation of the eyes, applications of cold or hot water, according to the sensations of the patient, or a wash of boric acid gr. xv, sodium chloride gr. x, ext. hamamelis dest f℥ii, aq. camphoræ ℥iv, f. e. hydrastin gtts. vi, aquæ q. s. ad. f℥ii.

Where the lithæmic condition is present, the usual diet and remedies for this complication are to be given.

The best results are seen when treatment is commenced several weeks before the expected attack, and to effect a permanent cure in cases of long standing, the patient should be kept under observation during two or three seasons.

Certain it is that we cannot eliminate, to any extent, the third factor in the causation of the affection, namely, mechanical irritants in the atmosphere, but we can, as experience has shown, build up the nervous system, place the respiratory mucous membrane in a healthy condition, thus rendering the individual less vulnerable, and prevent susceptibility to the action of the irritants in the atmosphere.

I have purposely omitted the climatic treatment of hay fever, as it is a large subject, and I hope to say something about it in the future.

W. W. Bulette

VIENNA had two hundred and seven suicides during the first six months of the year, which is double the average for the last ten years.

DR. EDWARD P. COOK, of Mendota, Illinois, has been appointed a member of the Illinois State Board of Health, in place of Dr. Wm. E. Quine, who resigned.

DR. JAMES G. KIERNAN, of Chicago, has resigned the editorship of the *Medical Standard* of that city. Dr. Kiernan has edited the *Medical Standard* for ten years past.

CHARITABLE BEQUESTS.—The will of the late W. T. Richards, a retired merchant of New Orleans, La., provided for the following institutions in the amounts stated: Eye, Ear, Nose and Throat Hospital, $8,000; Touro Infirmary, $10,000; and the Charity Hospital, which is made residuary legatee, and will receive about $30,000.

DELEGATES to the meeting of the Mississippi Valley Medical Association, should avail themselves of the opportunity of visiting beautiful Mackinac Island, either going or returning. A most delightful trip from Toledo or Cleveland; stopping off at the Grand Hotel, Mackinac, and then continuing the journey, either by boat or rail, to Chicago or direct to St. Paul. Many physicians visit this resort annually to study its wonderful effect on hay fever patients.

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London Letter.

[SPECIAL CORRESPONDENCE OF THE MEDICAL FORTNIGHTLY.]

British Medical Association Meeting.

Portraits are from latest photographs, engraved expressly for this magazine

LONDON, July 31st, 1896.

Once more the annual gathering has come round, the place of meeting this year being Carlisle. Though one of the smallest cities in England, Carlisle has an interesting history, which naturally suggested a retrospect to the President, Dr. Henry Barnes, Physician to the Cumberland Infirmary.

The business of the meeting was conducted in nine sections, the various public halls in the city being utilized for the purpose. Pleasure is combined with business, and the Association has to thank many for their hospitality. This is the sixty-fourth annual meeting of the association, and the attendance of members totalled between 700 and 800.

Dr. Henry Barnes in his presidential address, after some introductory remarks and a graceful tribute to the late Sir J. Russell Reynolds, passed on to consider the medical history of Carlisle. Alluding first to the Roman occupation, he pointed out that the Roman armies had their medical staff, and one of the most interesting monuments found in the county of Cumberland has the following inscription: "Sacred to the gods of the shades below. To Anicius Ingenuus, Physician-in-Ordinary of Cohort the First of the Tungrians." The elaborate nature of the carving on this monument affords strong evidence of the esteem and respect in which this physician was held by his comrades. The President then gave an account of leprosy and lazar houses as they existed at Carlisle, of how under Edward I. Parliament met at Carlisle to consider river pollution, and how the same Edward I. died about six miles from Carlisle in 1307. Some interesting extracts were then given concerning medical fees in the seventeenth century, and the various epidemics of plague which devastated the district were referred to. The President then passed to consider the medical worthies of Cumberland, and especially mentioned Dr. Heysham and Dr. Addison. Heysham compiled the Carlisle tables of mortality, which up to a few years ago were the standard life tables of the leading life insurance companies, while Addison is of world-wide celebrity in connection with Addison's Disease, though this is but a small part of his contribution to medical science.

The Address in Medicine was delivered by Sir Dyce Duckworth, who took for his subject "The Prognosis of Disease." It is teeming with most interesting and instructive facts and suggestions, and is difficult to epitomise. In the acute specific diseases early hemorrhage is unimportant, but later on is grave, especially if profuse. Dicrotism of the pulse is often a forerunner of hemorrhage. Carphology is commonly, and coma-vigil always a fatal sign in typhus. The toxin of erysipelas is deadly to the parturient woman. Hughes Bennett taught that no disease was so often recovered from as tuberculosis. Cerebro-spinal (meningeal) tuberculosis is the most deadly.

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Diarrhœa, due to tuberculosis enteritis occurring in any case of phthisis, is of the worst omen, œdema and thrombosis of the veins of the legs commonly portend early death, as does also aphthous stomatitis. In diabetes there are two main classes of cases, the lean and the fat, the former being the more serious. The fat diabetes, so-called, are often gouty, and suffer from a mild form of glycosuria. Their lives, though often prolonged by care and judicious, are precarious. Loss of the knee-jerks in diabetes is a bad sign, and diabetic coma is never recovered from. In pneumonia herpes labialis and free rusty sputa, bright in color, are of good augury, sweating and moderate diarrhea at time of crisis are also favorable indications. In apical pneumonia delirium may be anticipated. Pernicious anemia, though less grave than formerly, owing to treatment with arsenic and marrow is subject to relapses. Hodgkins' disease is usually fatal within two, and Addison's disease within two or three years. Cases of Bright's disease vary considerably, and prognosis can be framed only by a consideration of all the personal and diathetic factors. Epilepsy supervening before puberty may undergo a change; those cases arising after the age of 25 for the most part terminate in death. Such are some of the terse aphorisms of this thoughtful address.

SIR DYCE DUCKWORTH, M. D.

Dr. Roderick MacLaren gave an address on "Preventive Surgery," which he defined as a surgery in which treatment or operation is entered upon, or undertaken for some risk or sequence which we expect to result from an existing condition, and not on account of what is actually present at the time, illustrating his remarks by instances of enlarged tonsils and adenoids, middle ear disease, cervical adenitis, enlarged prostate, the radical cure of hernia, etc.

At the general meeting the invitation of the delegates from Montreal was accepted, so that in 1897 the British Medical Association will meet on the American continent.

In my next I shall endeavor to give some account of the papers read in the various sections.

Richard T. Hewlett.

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Society Proceedings.

MEDICAL ASSOCIATION OF THE STATE OF MISSOURI.

Thirty-Ninth Annual Session, Sedalia, May 19—21.

[STENOGRAPHICALLY REPORTED FOR THE MEDICAL FORTNIGHTLY]

Continued from page 452.

DR. H. C. CROWELL, of Kansas City, read a paper on

PROLAPSED OVARIES.

Such cases are not rare. Every gynecologist meets them frequently. The condition is easily recognized, as a rule, but sometimes no little uncertainty exists as to the nature of the trouble present. They may be simple or complicated with uterine displacements, pelvic inflammation, tubal disease or new growths. Some are undoubtedly congenital. These may not cause trouble for many years. Most are, however, the result of undue engorgement during the pregnant state. Most such ovaries eventually undergo cystic degeneration and may cause much suffering. Patients complain of a dragging pain in the pelvis and in the back, with general ill health: nervousness, reflex pains, etc.; examination shows a slightly enlarged and sensitive uterus with glairy mucus exuding from a somewhat patulous os; and the highly sensitive, though perhaps freely movable, ovaries lying in their abnormally low position—irritated by every movement and pressed upon by the accumulations in the colon and sigmoid. The termination is only too often chronic invalidism. What can be done? In a marked case Dr. Mann, of Buffalo, a recognized authority in gynecology, curetted the uterus and used long-continued tamponade, with at least temporary relief. But it is questionable if this plan is often advisable. In the majority of cases only a radical operation is advisable; this consists in removal of the ovaries when they are diseased, fixation in proper position with simple puncture or ablation of cysts in the ovary, and ventrofixation in cases of uterine version of flexions. Any other devices or methods, such as position, pessaries, curettage, etc., are but makeshifts.

DR. C. E. RUTH, of Keokuk, Iowa, regarded prolapsed ovaries rather uncommon, but when met with they should be treated by radical operation. Ventral fixation of the usually retroverted uterus and suspension of the ovaries in some cases will usually be sufficient, unless there be very dense adhesions around the tubes or gross ovarian disease; in which case salpingo-oophorectomy should be performed.

DR. J. H. McINTYRE, of St. Louis, maintained that a prolapsed ovary is always diseased—hence the only rational treatment is removal.

DR. J. D. GRIFFITH, of Kansas City, did not believe that any ovary which had the appearance of being healthy should be removed. Still, ventral fixation does not always relieve the prolapsus; and in suspicious cases it is well to suspend the appendages separately. Mann, of Buffalo, pricks all cysts and cauterizes them, and claims to get excellent results when this is associated with ventral fixation. In some cases, however, there does seem to be nothing certain of effecting a cure except incision; which is clearly indicated when the ovaries or tubes are badly diseased.

DR. A. V. L. BROKAW, of St. Louis, advised breaking up the adhesions around the tubes and ovaries, even digging these organs out of a mass of inflammatory deposit in the bottom of the pelvis in the worst cases, suspending them by suture, and packing behind them and the uterus with iodoform gauze, which may be left in situ for several days if necessary.

DR. THOMAS J. BEATTIE, of Kansas City, recommended removal of all prolapsed ovaries—this being the only procedure that has given good results in his practice. Following the abdominal section it is necessary to use local treatment to relieve the endometritis which almost invariably is present.

DR. JAMES W. HEDDENS, of St. Joseph, opposed removal of ovaries which are not seriously diseased. Most cases of ovarian prolapse are associated with or are secondary to pelvic per-

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itonitis, retroversion with adhesions, etc.; if one will but break up these adhesions and stitch the uterus up into proper position, the ovaries will resume their normal positions in a short time.

DR. CROWELL, in closing the discussion, declared that only ovaries badly diseased should be removed; more conservative measures will give just as good results and not render the patient sterile. But all cases of prolapsed ovaries require abdominal section for the correction of the trouble; and the earlier the operation is made the better for the patient.

DR. LOUIS SCHOOLER, of Des Moines, Iowa, read an essay on the surgical treatment of

SEPTIC PERITONITIS.

It is now definitely settled that peritonitis is due to trauma of some character, that is, acute peritonitis. The septic variety may depend upon either surgical or non-surgical causes. Postoperative sepsis may arise from: First, faulty technique on the part of the operator; second, infection from (a) wounding of the intestine, (b) rupture of an abscess of the tube, ovary, liver, etc.; third, poor drainage; fourth, improper attention to the drainage tube on the part of the nurse. The cases of non-surgical origin arise from leakage of infective material from a diseased tube, the appendix, ulcer of the gastro-intestinal canal, etc. But the treatment is practically the same for all forms; though differences in the matter of detail may be necessary according to the cause of the disease. Thus in peritonitis following abortion it is not proper to rely upon curettage of the infected uterus alone; if the inflammation of peritoneum be well developed it is essential to open the abdomen and wash out the belly carefully, with subsequent drainage, in the milder cases, and to thoroughly clean out the pelvis in those that are bad—removal of the infected tubes, leaving a suppurating uterus not being conducive to success. The irrigation of the abdominal cavity should be very thorough in these cases—not a simple washing, but the use of many gallons of hot solution, the position of the patient being frequently changed, so that every part of the infected area may be cleansed. While there should be the freest exit for the irrigation fluid, it is well to close the opening for a few moments once or twice and allow the fluid to thoroughly distend the belly. The solution used ought to have a temperature of 110 to 120 degrees. No antiseptic should be employed—simply six parts of salt to each 1,000 parts boiled water. This thorough flushing removes the source of the alkaloidal absorption and cleans the surfaces from material all ready to be absorbed. It is better to insert a drainage tube and draw the fluid every few minutes for several hours after operation, gradually lengthening the time as the amount diminishes, than to use gauze drainage, which has recently had so many advocates. Lately a gauze wick has been widely employed for the purpose of withdrawing the fluid through the tube, by constant capillary drainage, instead of the intermittent suction with the syringe; this gives less danger of subsequent infection by a careless or ignorant nurse; it further exercises its antiseptic influence for a considerable distance. In some cases it is well to place these gauze wicks in various directions in the abdomen without the glass tube, allowing the ends of each strand to project from the median incision; in this way free capillary drainage is established from all parts of the abdomen and the infective material is more quickly disposed of. Feeding is a matter that has been too generally overlooked; the more prolonged the case the greater the necessity for careful feeding; rectal alimentation is advisable in many instances when the stomach does not retain food after operation; and should never be forgotten.

DR. JOHN YOUNG BROWN remarked that the fact that acute peritonitis is strictly a surgical disease has but lately been recognized; in fact, there are many physicians who are still using opium freely to ease the patient until death comes to his final relief, under the impression that nearly all are bound to die under any circumstances. But this is not right. Under the old plan of treatment fully 95 per cent died. But since Lawson Tait operated upon eight cases of acute peritonitis and saved six, the operative treatment has been gaining in favor,

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and a large number of lives have been saved by courageous, careful operators like Price, McBurney and others. A recent writer has reported twenty-four operations with fourteen recoveries. The object is to prevent the absorption of enough poison to cause death. In a case in his own practice acute peritonitis followed a nephrectomy for renal abscess—probably by leakage of the pus through a small hole made in the peritoneum, accidentally, during the operation; at all events, the peritonitis was of a most intense character and the patient speedily went into collapse; yet, in spite of the apparently hopeless condition, the abdomen was opened, and the cavity thoroughly irrigated and drained; the patient was returned to bed seemingly moribund, but, by the heroic use of strychnine hypodermically, finally rallied; the drainage tube was allowed to remain fifty-eight hours; and the result was perfect, although the patient subsequently died of uremia. From personal experience and study of the results in the work of other operators, he would draw the conclusions:

1. Acute peritonitis is always a surgical disease.

2. All cases are not necessarily fatal; many lives can be saved by early operation, thorough irrigation and careful drainage.

3. All cases should be subjected to operation regardless of the desperate chances that have to be taken; one may sometimes save an apparently hopeless case.

DR. A. H. MEISENBACH, of St. Louis, gave his experience as favoring a rather gloomy prognosis in post-operative peritonitis; only a very small proportion of such cases recover, because it is impossible to reach the whole of the affected peritoneum; if one could wipe or wash off the whole affected area, the patient would recover. Thus where the upper abdomen is shut off by a wall of adhesions or by the great omentum, we may wash or sponge out the lower abdomen with a very fair prospect of success. These are the cases that recover under operative treatment. So far as concerns the source of infection in the case reported by Dr. Brown, Tabel has shown that there is no necessity for a perforation of peritoneum in order for septic peritonitis to develop, because it is possible for pus to migrate through an intact peritoneum. In the matter of drainage, his experience is in favor of a large opening and loose tamponing of the whole abdomen with gauze; it gives a better chance for recovery than simply the insertion of a drainage tube or even a tube supplemented by gauze wicks in various directions.

DR. J. F. BINNIE, of Kansas City, claimed that the mortality is certainly higher than some of the speakers would imply in cases operated upon for the acute variety of peritonitis; yet death is not invariable—enough patients have unquestionably been rescued to justify the operative treatment, but we must not be too hopeful of success. But where there has been a long-continued suppurative process in an organ contiguous to the peritoneum, as in chronic pyosalpinx, the patient has become partially immunized by autoinoculation, and in such cases the prospects for cure are much better.

DR. EMORY LANPHEAR, of St. Louis, suggested that whenever possible the antistreptococcus serum be used in addition to operative measures, since some remarkably brilliant results have already been obtained by its use in the streptococcus peritonitis following abortions.

DR. C. E. RUTH said that both acute and chronic peritonitis should be regarded as surgical, the latter especially, as most brilliant results have been obtained from surgical treatment, particularly in the tuberculous variety. He commended the exceedingly large opening and large quantities of iodoform gauze to get perfect drainage in acute cases, but often the opening must be closed more than one would like, in order to prevent extrusion of the intestines.

DR. J. D. GRIFFITH favored operation in septic peritonitis, although it must be granted that it is impossible to reach all infected surfaces by irrigation; yet a sufficient amount of the poison may be gotten rid of to allow the patient to live. The use of hydrogen dioxide, as advocated by some, only hastens death. So, too, most cases die after irrigation with normal salt solution. In one case in his work he

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simply sponged out the abdomen as well as possible with iodoform gauze, without irrigation, and put in drainage; the patient did much better than any case in which irrigation was employed. For drainage purposes, gauze is far inferior to the glass tube if the latter be properly used.

DR. H. C. CROWELL also reported a case which recovered under the same mode of treatment.

DR. W. H. MAYFIELD, of St. Louis, did not favor the use of dry iodoform gauze for drainage purposes, as it is apt to remain dry—especially if tightly packed—instead of absorbing the poisonous fluid; for this reason he has adopted the iodoform gauze which contains 10 per cent. iodoform. This moist gauze most greedily sucks up fluid from the affinity of glycerine for water; besides, it does not form adhesions to the intestine as dry gauze does. In one case in his practice he kept the abdomen widely open for nine days, changing the gauze a number of times; and the patient recovered.

DR. H. C. DALTON, of St. Louis, reported a case of traumatic

SYNOVITIS OF THE KNEE.

Patient, a boy of seven years, ran a rusty nail into the knee; four days later he had chill, face flushed and anxious, and soon a fever of 103 and pulse 112; great pain in knee; aggravated by movement; joint swollen, red and edematous, measuring four inches more in circumference than the opposite one. Small punctured wound over a "floating" patella; leg flexed; joint full of fluid. Under anesthesia and after strictest antisepsis; knee was opened by two inch incisions, one on either side of the joint. Much pus, with masses of flocculent lymph escaped, and then cavity was thoroughly irrigated with three per cent. solution of boric acid followed by hydrogen dioxide in full strength. The synovial membrane was intensely inflamed, with numerous masses of lymph adherent to it, removal of which caused bleeding. On articular surface the patella was roughened where the nail had penetrated; the bone had been pierced about its middle point. After cleansing the joint was rather tightly packed with 10 per cent. iodoform gauze, so placed as to keep the articular surfaces separated, the ends being brought out of the incisions; and an antiseptic dressing applied. At the end of 24 hours the pain was much diminished and the temperature was 99, pulse 100. The dressings were changed and joint irrigated, as before, nothing but a little thin pus being discharged. The packing was not replaced, but a gauze drain was inserted into the joint from each side. The next day the discharge was very scanty and had lost its purulent character. The gauze was now put in the external wound only, after careful irrigation. Next day no discharge was present and no fluid could be forced into the joint. One week after operation passive motion was begun, though somewhat painful, and followed by some swelling. This was treated by a a lotion of sulphuric ether, one part; dilute liquor plumbi, three parts; and the leg was put upon a splint for three days, when a second attempt at motion was made. It was less painful and without inflammatory reaction. After this, daily, gentle but persistent passive motion was practiced; on two or three occasions an anesthetic was required to break up the adhesions. At the end of six weeks the joint seemed to be well, and has since given no trouble. The case shows that thorough cleansing, followed by persistent and careful antiseptic treatment offers a fair chance of restoration even in suppurating joints. The essentials for success in such cases are: 1. Early operation; this should not be delayed until the joint is widely distended, because it will speedily become disorganized and prove hopeless. Rupture of the capsule, with extension of the suppuration into the periarticular tissues or among the deep muscles of the thigh, is a serious menace to life. 2. Thorough irrigation and free drainage. These are best obtained by long cuts on both side and packing as practiced in this case. 3. Early, persistent, passive motion. This is no less important than the other indications in order to obtain a perfect joint-function. It must be begun early—before strong adhesions form. Pain alone should not prevent persistence in the efforts to secure free motion.

DR. J. D. GRIFFITH, of Kansas City, also favored the use of iodoform gauze instead of drainage tubes, as

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formerly advised, because it is just as good for taking care of the pus—if not too tightly packed—and has the further advantage of keeping the inflamed surfaces separated, thus favoring a cure without troublesome adhesions. It is well to suspend the limb in a basket and swing, as it affords much comfort to the patient.

DR. T. O. SUMMERS, of St. Louis, said that a majority of such cases ought to have a favorable termination if treated early by the method of irrigation advocated by Koenig, with free drainage and careful attention to antiseptic details.

DR. GEO. HALLEY, of Kansas City, advocated a larger incision in the periarticular structures; and in the worst cases the free use of the curette. It should not be the rule to open up every punctured joint, as many of these cases get well without inflammatory trouble arising; but as soon as symptoms of inflammation make their appearance the joint should be widely opened, irrigated and drained.

DR. J. F. BINNIE thought that the question of the age of the patient should play a part in the decision what to do. For, while in young subjects a good result is to be anticipated under the plan of treatment outlined, suppurative synovitis in the adult is practically never attended with complete restoration of the joint function, no matter what treatment adopted. In primary tuberculous synovitis, in children, for example, one may excise or scrape away almost the whole synovial membrane of the knee, yet still there will be good motion in after years; but in the adult such cases terminate in anchylosis. So, in grown patients, the surgeon should dress the extremity invariably as if he expected permanent stiffness of the joint. In the suppurative joints it is well, after thorough drying of the articular surface, to rub dry iodoform into the synovial surfaces and dust in a lot of powder before packing with gauze.

DR. C. E. RUTH, of Keokuk, Iowa, believed it necessary to amputate in a considerable number of these cases, especially the neglected ones; and the doctor should therefore prepare the minds of the patient and his friends for such a termination even when the less radical treatment is adopted. Usually an atypical resection erasion will be necessary in cases not seen very soon after the development of inflammatory symptoms.

DR. W. B. OUTTEN, of St. Louis, was inclined to think that, while no fixed rules can be laid down, it is usually best in young patients to wait until inflammatory symptoms appear before doing anything beyond immobilizing the joint; but punctured wounds of the joints in adults are usually infected ones, and demand free incision and drainage as soon as possible after injury, whether inflammatory signs have appeared or not. By such prompt meaures many joints might be saved that are now irretrievably lost through delay.

DR. T. F. PREWITT concurred with this. The essential points are: thorough antisepsis, perfect drainage and complete flexion—very early. Incision should always be upon both sides, and free.

DR. C. E. RUTH, of Keokuk, Iowa, by invitation, read a paper on

OPERATION ON FIFTH NERVE BRANCHES.

He claimed that tic douloreaux, or trifacial neuralgia, is essentially a surgical disease because all medication has thus far been merely palliative, whereas permanent relief is often afforded by neurectomy in the milder cases and by removal of the Gasserian ganglion in those more severe. He reported one case of tic, in a patient of fifty-one, in which a complete cure was obtained by removal of the entire inferior dental nerve. In another case he removed four inches of the nerve and secured total immunity from pain for one year; then there was slight pain for six months and then a year of almost unbearable paroxysms. He then operated for a second time, hunted for and found the end of the cut nerve, followed it up to its point of exit from the skull and cut it away at that point. There has been no recurrence. Another patient was operated upon by finding the affected nerve, tracing it up to its point of emergence, and excising it at the spheno-maxillary fissure and removing Meckel's ganglion from behind. Relief has now been perfect for about

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one year. There may be a return of pain later on; if so, the ganglion can be removed by Hartley's method. It is best to try neurectomy before resorting to the very serious ganglion-removal in all such cases. He exhibited a very ingenious scissors of his own designing for cutting the nerve, and nothing else, deep within a wound; by such scissors the troublesome bleeding which often accompanies division of a nerve in the depths by accidental wounding of the artery may be avoided.

DR. JOHN PUNTON, of Kansas City, agreed with the essayist that the disease is strictly a surgical one, there being absolutely no cure and but little relief from internal medication. Two cases under his observation were subjected to the Hartley operation for removal of the Gasserian ganglion; as both died, he believed, with Dr. Ruth, that the less severe operation should be tried first. Nerve stretching is not sufficient; excision of as much of the nerve as possible, and as close to the point of emergence as can be done, is therefore the operation of selection. For simple temporary relief from the paroxysms chloride of ethyl has thus far given the best results of all agents tried.

DR. A. B. SHAW, of St. Louis, also endorsed the statement that all such cases are fit subjects for surgical interferance, as they are hopeless without, the changes being in the nervous tissues themselves, and of such a character as cannot be repaired; especially those dependent upon a condition of sclerosis. Nerve stretching is worse than useless. But excision of the Gasserian ganglion should be the operation of choice, as in competent hands it is not much more dangerous than the one advocated by the essayist, and it gives permanent instead of temporary benefit.

DR. GEO. HALLEY reported eleven cases of surgical interferance in facial neuralgia, and in all the pain eventually returned, although most of the operations were more radical than those of Dr. Ruth. In one case where the second division was the one implicated he removed the spheno-palatine ganglion, divided the nerve at its point of exit from the skull and then pulled away as much as possible of the stump, together with the Vidian nerve, and then carefully extracted the distal part of the nerve far into the face; yet the final result was not satisfactory, as the pain eventually returned in another division of the nerve. The recurrence usually is in the gustatory. It is wrong to regard removal of the Gasserian ganglion by either the Rose or Hartley method as either safe or easy; in truth it is probably the most difficult operation in all surgery and is often attended by a fatal result. In his own work he was free to say he has had 100 per cent mortality in this operation.

DR. T. F. PREWITT advised the less serious procedures first; later excision of the ganglion if necessary, and the condition of the patient will permit. For removal of the inferior branch the operation through the mouth is much easier and leaves no disfiguring scar. But in his experience the pain invariably recurs sooner or later, no matter how much of the nerve is excised; the pain is probably in the end of the cut nerves, though felt in the area of the normal distribution, just as in case of amputation. For the superior maxillary division Carnochan's operation has given better results than any other. But as most cases depend upon an ascending neuritis, removal of the ganglion is, after all, the most rational treatment.

DR. RUTH, in closing, simply remarken that the consensus of opinion among surgeons who have had the most experience in this line of work is in favor of doing the more conservative operation in most instances, leaving removal of the ganglion as a dernier ressort.

(To be concluded.)

DEATH OF PROF. LELOIR.

Prof. H. Leloir, of Lille, France, died recently at the age of forty-two years. He had been professor of dermatology in the University of Lille since 1886. He was best known for his original work on the subject of neuroses of the skin, but had written many valuable essays on leprosy, lupus, and other dermatological subjects. In collaboration with Vidal he wrote a treatise on skin diseases which is recognized as one of the best in any language.

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Department of Railway Surgery

CONDUCTED BY

PAUL F. VASTERLING, M. D.,

Senior House Surgeon Missouri Pacific Hospital; Ex-Vice President N. A. R. S.; Lecturer Surgical Technique Beaumont Hospital Medical College, St. Louis.

Railway Hygiene.

If we are ahead of other countries in the matter of general sanitation, it is perhaps possible that in certain branches of hygiene other countries are ahead of us; at any rate, the public interest in the subject is far less apathetic. Thirty-four years ago we dealt in an exhaustive manner with the subject of the influence of railway traveling on health, and the articles, when republished, were welcomed by a wide circle of the traveling public, inasmuch as they suggested many much-needed cautions and substituted facts for the vague theories which then prevailed. Many needed reforms have since been made, but these do not keep pace with the ever-increasing railway traffic of the country. At the commencement of the year loud cries were raised by the public in the press concerning the inadequate light, warmth and ventilation of the carriages on some of the lines, and we then added our protest to that of the public. At the last Congress of the American Public Health Association no less than four papers dealing with the matter of railway hygiene were read, three of which find a place in the journal of the association, and some of the points brought out would lead us to suppose that in this direction our American cousins are a good way ahead of ourselves. It is rightly pointed out that with regard to cleanliness, the condition of the cars is dependent on those in charge of them, and it is gratifying to learn that there seems to be an increasing disposition in America on the part of the railway corporations to see that the employes carry out the work entrusted to them in a proper manner. Of course the conditions of railway traveling in America are very different from our own, but when we remember the slovenly and careless way in which we have seen carriages cleaned on English lines, we wish as much could be said for our own railway companies. As showing the remarkable advance that is continuing to be made in this direction, it is stated that the Wagner Car Company has instituted a school of instruction for all its employes in the prompt and safe handling of passengers and traffic. In a paper on the ventilation of railway coaches is a passage which is worthy of quoting: "Finally," says the writer, "it should be remembered that in all ventilating undertakings but one-half of the requirements are fulfilled when the most perfect apparatus is furnished. The excellence of a tool does not insure the quality of the product. Quite as much depends upon the user as upon the tool, and not infrequently a superior apparatus is made in its reputation to bear the burden of its operator's infirmities." He then goes on to say that the employes should be systematically trained, and the public educated to habits of cleanliness and their minds freed from the trouble-making notions and imaginings which prevail with reference to ventilation even among thase boasting of culture. We quite agree, for herein lies the key of the whole matter. If the public possessed an intelligent knowledge of the laws of health, they would immediately unite in demanding, with every chance of obtaining, a redress of the grievances from which they suffer. —London Lancet.

The Management of Railway Hospitals.

It may not be uninteresting to the readers of the Fortnightly to give a cursory idea of the management of hospital departments upon railways as at present constituted. At the head of the department presides its chief executive, known as the chief surgeon, medical director or general surgeon. The chief surgeon has complete control and directs the management and disposition of cases, causes reports to be made, has charge of all hospitals and appoints all surgeons, renders personal injury reports to claim and legal departments, and causes to be kept a cur-

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rent history of every case treated. The chief surgeon directs the expenditure of bills incurred in conducting the department, vouching all accounts, selects experts for the company in damage suits, and adjusts all disputed points pertaining to the department. The general manager is the only officer of the road to whom the chief surgeon reports and they alone are authorized to incur expense. The chief executive of the hospital department is held responsible for the proper performance of all its work and general efficiency, and therefore seeks to improve his department in every detail and being thoroughly cognizant of all that pertains to his department becomes an important factor in railway management. Local surgeons are appointed at every town of any importance and at large division points where many employes are engaged, two surgeons are stationed. Most roads average one local surgeon for every twenty-five miles represented.

The railways employ more members of the medical profession than any other industry; some of our large systems have as many as 325 surgeons in their employ. Local surgeons are supplied with printed instructions covering all accidents that might occur, and in the event of an accident no misunderstanding nor confusion arises. All superintendents, train masters, conductors, engineers, brakemen, agents, road masters, section foremen, and others have essentially the same printed instructions how to proceed in case an accident occurs and where to find the nearest local surgeon. All time-cards in force contain these directions and in addition thereto is printed the names and locations of all company surgeons of that particular division upon which they operate. When an accident occurs upon some portion of the road the chief surgeon or assistant chief surgeon is immediately notified by wire by the local surgeon and also by the superintendent, conductor or agent, detailing where, how and when it occurred, and the extent of injuries; the local surgeon is then directed regarding the disposition of the case and the advisability of transporting the same. Stretchers are placed at stations where local surgeons are stationed, and upon all baggage and wrecking cars, hence cases can be shipped with celerity. Notification is sent when a case is to be shipped and hospital ambulances meet the train. Should a passenger train be wrecked not only all local surgeons in the immediate vicinity are called, but invariably relief surgeons and surgical supplies are sent from hospitals. Instructions are likewise printed for the guidance of employes in case of sickness. Everything is explicitly stated regarding proper certificates of admission, character of cases admitted, and requests for medicines and treatment through the mails. Records of all personal injury cases are filed in the chief surgeon's office. Thus upon the Missouri Pacific the chief surgeon has over 30,000 reports of personal injuries of record for reference. At the hospital, a personal bedside history is taken daily by the attending surgeon. We have, therefore, not only a record of the injury, but a daily history from the time of the injury until settlement is made. These departments never lack patronage. The Missouri Pacific hospital department, including two hospitals and five emergency stations, treats nearly 30,000 employes annually, and it is computed that the various hospital departments of the United States treat from 165,000 to 185,000annually.

A hospital department as at present constituted consists of the following medical officers: Chief surgeon, house surgeons, consulting surgeons and specialists, oculists, aurists, throat and lung specialists, dermatologist, neurologist, bacteriologist and pathologist and consulting electro-therapeutist.

The rapidity of growth of these departments has been substantial, and their results of cases treated will bear the closest scrutiny.

Railway Neurosis.

The Columbus Medical Journal calls attention to the following editorial paragraph which recently appeared in the European edition of the New York Herald: "In addition to the sudden stoppage of a train, causing a violent shock against the partitions of the carriage, as a cause for railway spine, recent research has unveiled the fact that long and frequent railway journeys may have the same action as railway accidents. That is to say, may bring on nervous disorders very similar in char-

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acter to traumatic neurosis, nervous disorders that seem worthy of being called a railway neurosis. The article referred to further states that in one of the cases cited an engineer, forty-five years of age, whose previous health had been good, after being on the railway for four years, began to complain of hallucinations, imperfect sight, and other symptoms of railway neurosis, which continued even after giving up his occupation. This New York Herald medical expert writes upon a subject without having previously taken the pains to understand, and we agree with Zimmerman that certain persons "with bookish knowledge are like children with edged tools; they hurt themselves and put others in pain." This expert seems to have no room for reason; but newspapers frequently make both fools and folly their particular care. Here is an intangible, indefinite and inadequate cause assigned as being a disease-producing factor. Abnormal, erratic, nonsensical and utterly childish reasons given without an iota of truth. Surely no sensible person would for a moment believe, because an engineer upon a railway became insane, had epilepsy or progressive locomotor ataxia, that railway traveling caused it. We might as well say that because a woman gives birth to a child upon a train, that travel caused the child. It is true, it might bring about labor, but previous undoubted factors were the causation, the birth upon the railway train being simply a coincidence. So with this form or railway neurosis, supposed to be accasioned by over traveling. Too many millions of people daily, weekly, monthly and yearly travel, not to have discovered before this peculiar and marvelous form of neurosis. It is an assertion unsupported by facts. A species of erratic sorcery, having for its object the delusion of the unthinking; it rarely, if ever convinces. Opinion may be the czar in Russia, but in this country it may represent all stages of mental thought and only of necessity has force in proportion to its merit and common sense. The idea of a traveling neurosis is a product of idiocy, which does not take into consideration hereditary or acquired conditions and our multiplex surroundings.—Editorial: The Railway Surgeon.

Fortnightlettes.

Dr. Clayton Parkhill has been chosen dean of the Colorado State Medical College, and Dr. Howell T. Pershing, secretary.

The New York Polyclinic assumes a new dress with the initial number of its eighth volume. We think it "vastly becoming."

A wealthy and eccentric New Yorker who is blind from atrophy of the optic nerve and one of whose employes is in the same condition, is reported to have offered a fee of one millilon dollars to the person who will restore him his sight, the attempt to be first tried on this employe.

"M. D., U. S. A."

An English court has recently decided that an American physician with a genuine diploma from a recognized medical school is at liberty to practice medicine in Great Britain, but must not assume any titles implying that he is a registered British practitioner. The case was that of an American who appended to his name the letters, "M. D., U. S. A."

Professor Durante, to whom the Italian government entrusted the overseeing of the completion of the Policlinico, the magnificent clinical hospital in which the International Medical Congress was held, at this time in an unfinished state, reports that it will be opened for the reception of patients and clinical teaching next November.

The Chicago common council has passed an ordinance placing the control and inspection of ice in the hands of the health department, and also fixing a license fee for each vehicle used by ice companies for the delivery of ice. Ice taken from certain localities can be used for cooling purposes only, and wagons delivering it must be marked plainly to that effect. A penalty of $25 to $100 for every breach of the ordinance is stipulated. They have also passed an ordinance placing rigid requirements upon the management of hospitals and giving the health department control, with the right of inspection.—Medical Recorder.

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Mississippi Valley Medical Association

Yellowstone Park Excursion on the 18th.

Annual Meeting at St Paul

September 15, 16, 17, 18.

... A CORDIAL INVITATION EXTENDED TO THE PROFESSION ...

It is with pleasure we call attention to the meeting of the Mississippi Valley Medical Association, which convenes in St. Paul September 15. This association is today the leading one of its kind in the United States, being made up of the cream of the profession of the Great Mississippi Valley. For years it has held meetings, which for progressive spirit, animated discussion and sociability, are second to none, in this country. The American Medical Association alone exceeds it in numbers of membership while in enthusiasm we believe the M. V. M. A. leads. The meeting this year, under the guidance of such an able corps of officers, promises to be the equal of its past well-earned and merited reputation and as it is to be held in one of the most advanced cities in the great valley, we predict a meeting of unusual profit and interest. St. Paul offers, aside from its medical institutions, features well worthy of the medical man's attention, and we would encourage all who can, to avail themselves of this opportunity, to get acquainted with this city of the great Northwest. As a farther inducement to go on this occasion, we learn that an excursion to the Yellowstone Park is planned. This famous national park with its beautiful supply of "things interesting," always is an attractive locality for the traveler, the man seeking a change, and the student of nature. In the autumn when the artistic hand of nature touches the foliage with its sublime colorings, the Yellowstone Park is then a garden spot,

H. O. WALKER, M. D., Detroit,
President M. V. M. A.

which impresses one with the greatness of this world of ours, and lifts us from the humdrum of daily routine and leaves an indellible impression to which we in the days of work and worry, can return in thought and receive reanimation, encouragement and rest.

Doctor, take the time to go to the meeting, get profit and pleasure from the good things which the program and committee of arrangements have provided for you. We regret not being able to present the program in full, but we can assure our readers that it will be up to the usual high standard.

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Song of the M. V. M. A.

With apologies to Longfellow's "Song of Hiawatha"

Should you ask me whence this story,
Whence this invitation, extended
From the rushing of great rivers,
From the curling smoke of mills,
By the mighty men of medicine?
I should answer, I should tell you,
From the city of the Northland,
From the city of Laughing water,
In the land of the Dacotahs.
If still further you should ask me,
Saying, what of this city?
Tell us what about it,
What occasion doth arise
That such an invitation should come,
I should answer your inquiries
Straightway in such words as follow:
In the valley of the Mississippi,
In the great and busy valley,
There doth meet an association
Great and mighty, of medicine men
From the cities, by the pleasant water courses;
From the cities of the prairies,
From the cities of the mountains;
Formed it is that the tribes of men might prosper,
The health might advance, of the people;
Ye who love the honor of medicine,
Love its science and its art,
Love its greatness and its fame,
Ye whose longings, whose yearnings, whose strivings
For more knowledge are not yet satisfied,
Should listen to this simple story,
To the song (not of Hiawatha) but of the M. V. M. A.
This association of the Mississippi Valley,
Meet it will in the State of Minnesota,
In the city of the Northland,
In the city called St. Paul;
When the months of summer are over,
When all the landscape and the maize-field
In all its splendor
In its garments of green and gold,
Tells it is the moon when leaves begin falling,
Then in September, the day fifteenth,
Will this association meet.
Come! ye men of medicine,
Though the way seems long before you,
Journey without resting,
Till you hear the cataract's laughter,
Hear the falls of Minnehaha,
Hear the falls of St. Anthony.
Pleasant is this voice that calls you,
Pleasant is the prospect there;
For buried is the bloody hatchet,
Buried is the dreadful war-club,
Buried are all war-like weapons;
For the handsome Minneapolis,
And the lovely St. Paul,
Though vexed at times with disturbance,
To strifes internal due,
Jealous of their faithful following,
Will unite with sisterly pride,
So that you can dance in either village,
Smoke the pipe in any hall,
For the soul of hospitality
Will, becomingly, prevail over all.
Never shall you search for new adventures,
Never more with jest and laughter
Prate thee about these cities twain,
For ye shall soar and sail in circles,
Ye shall be changed into an eagle,
Be chief of all.
Come you then from the points
From which blow the four winds of heaven,
To the land of Hiawatha,
To the land of the Dacotahs,
Where ye men of medicine
Can speak of your traditions;

H. W. LOEB, M. D., Sec'y, St. Louis.

Speak of things new,
Speak of things old;
Here learn in the halls of medicine
The secrets, not perverted, not betrayed,
Of the mighty powers of medicine;
Where medicine men of great traditions
Shall instruct, shall interest and amuse;
Tell in wondrous language
The achievements of the past,
The achievements of the present;
Where the followers of the mighty
Hippocrates, of Hunter and of Jenner,
Of Flint, of Lister, of Gross and of Osler
Will all the marvelous things and visions relate
Which these wise men did speak;
Their words of wisdom,
Which do not perish in the ears that hear them;
Words that have reached through generations,
Will reach through generations yet unborn;
Words that tell of the wonderful days that shall be.
Progress is on the grave-posts of the fathers of medicine;
This progress ne'er to fade,
Of which we would speak together.
Then when all discussion has ceased,
And in the night, when all is silence,
In the night, when all is darkness,
When the spirit of sleep, Nephawin,
Shuts the doors of all the wigwams,
So that an ear cannot hear,
So that an eye cannot see,
Then smoke ye the pipe of peace
Like medicine men;
Ye men from the North and West,
Ye men from the South and East,
Smoke and talk ye all the while.
While the young man and the maiden
With the light fantastic doth engage;
Or with the laughter like the jaybird,
Or with singing like the robins,
Which brave medicine men
Can bear in silence,
Or with becoming propriety indulge.
Come ye then to the land of the Dacotahs,
To the land of handsome women,
To the land of laughing water,
The land of Minnehaha,
To the meeting of the M. V. M. A.

F. P. N.

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Volume X. **SEPTEMBER FIFTEENTH.** **Number 6**

Editorial Department.

"What Fools These Mortals Be."

THIS saying of *Puck* from Mid-Summer Night's Dream, is appropriate in its application, at this day, to the actions, the deeds, the thoughts of men. Medical men do not escape this trite saying, for in spite of the many noble, just and good acts which ever abound in their daily life, there is the "other side," which brings them within the category of the fools of the earth. Especially does this apply to their conduct, words and actions in their competition with each other for position, power and affluence in practice. Competition is now keen, and will continue to become greater with the advance of our civilization. In every community where there are at least two physicians, the little comedy of competition is enacted, and if you will follow progressively from the smaller to the larger communities, you will see added new features to the comedy, until at last you arrive at the metropolitan profession, and there you see it with all its accoutrements, accessories—the complete production. It is in the smaller cities, however, "where everybody knows everybody else," that the real comedyis presented, it sometimes approaches the tragedy, because of the climaxes to be frequently noticed. Here envy,

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jealousy, revenge, suspicion, vanity, ambition, and cunning, all play their parts to bring sedition and trouble into the ranks of medicine. Discords and quarrels are inevitable under such conditions.

Doctors' quarrels are proverbial; it is common to see in our daily press "Another Doctors' Quarrel." Just recently, the great dailies of this city announced a murder committed in Illinois, "the result of professional jealousy." Here was an instance where the ordinary serio-comedy ended in a tragic climax, the death of one of the principals, and probable life imprisonment of the other. It was envy that goaded the foolish man to murder.

The physician, who by reason of his fitness to rise, because of his training and education, will always encounter the envious opposition of the inferior man. A worthy man will meet with friction wherever he goes, but the opposition which he receives from his competitors is the measure of their own inferiority and unworthiness. The medical man who earns his honors honestly, and by painstaking study and research—who builds up his practice by his devotion to it, will have to face the envy of the insolent, proud and pompous man, who has made his impression upon the community by such belittling traits, and used them for the cloak of his ignorance.

True greatness is not arrogant, not vain-glorious, but the superficial, ignorant man is full of bluff, arrogance, profanity and suspicion. Bacon says "there is nothing makes a man suspect more than to know little,"—it is also true that there is nothing makes a man bluff his fellow-men more, nor pose as an eccentric individual, proud of his proclivities and individuality than to know little. There is quite a large class of such individuals in medicine; almost every community of over 5,000 inhabitants has such a man, practicing upon that element of a community which is pleased with ostentation, eccentricity and "bluff." The young men just entering practice should not be guided in their conduct by such men, they are but wind-tossed accidents across the true blue sky of medical progress.

"There is a light cloud by the moon
'Tis passing, and 'twill pass full soon."

They may for a time dazzle the public, but there is sooner or later to come the finale, when their ignominious career will terminate. How much better it is for the young man entering practice to cultivate the nobler virtues and win his laurels strictly on these lines; it may take more time, but in the end a crown of glory awaits him, also the reward of "well done good and faithful servant." Remember the winning of position in practice, of honor, etc., reveals a man's real virtue and worth. If he is a man free from inane vaunts and supercilious bluff, contented to do the duty which lies next to him, irrespective of the criticism of his inferiors, *Puck* will never inscribe "What fools these mortals be" over his tomb. No, he will be honored with the simple inscription, "He was a man." F. P. N.

THE eighth annual meeting of the Tri-State Medical Society of Alabama, Georgia and Tennessee will be held in Chattanooga, Tuesday, Wednesday and Thursday, October 13, 14 and 15, 1896. Dr. Frank Trester Smith, Secretary, Chattanooga, Tenn.; Dr. J. B. Murfree, President, Murfreesboro, Tenn.

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The St. Paul Meeting.

WE have received from Secretary Loeb the preliminary program of the Twenty-second Annual Meeting of the Mississippi Valley Medical Association, to be held in St. Paul, September 15th to 18th. As usual, it is replete with papers by the best writers of the country, headed by Dr. H. O. Walker, who will deliver the President's address; Dr. Harold N. Moyer, of Chicago, the address on Medicine, and Dr. Horace H. Grant, of Louisville, the address on Surgery. Looking on down the list, which we regret we cannot print in full, we note such men as J. B. Murphy, Byron Robinson, Hugh T. Patrick, R. H. Babcock and S. S. Bishop, of Chicago; Ephraim Cutter, New York City; R. Stansberry Sutton, Pittsburg; Carl Barck, I. N. Love, C. H. Hughes, A. H. Meisenbach, Paul Paquin and Leon Straus, St. Louis; besides many others of equal prominence. Indications point to a most interesting and profitable gathering, and the announcement of the Yellowstone Park excursion, circulated by Dr. C. A. Wheaton, Chairman Arrangement Committee, will be read with pleasurable anticipation. A special rate of one and one-third fare, on the certificate plan, has been obtained on all roads leading to St. Paul, and will be good returning after the excursion to Yellowstone Park. Be sure to take a receipt from ticket agent you buy of at starting point. A rate of $78 per capita has been obtained for the Park trip, which includes sleepers, meals, and stage from the time delegates leave St. Paul, on evening of September 18th, until that city is reached on return trip, Sunday morning, September 27th. This will be a most delightful trip, and we urge our readers to arrange to join the party. Send your name in at once, with number of berths needed, to Dr. C. A. Wheaton, St. Paul, Minn., from whom may be obtained illustrated itinerary and full information.

Death of Dr. Elsworth F. Smith.

THE angel of death has again taken from us one of the profession's noblemen. It has recently been our sad duty to record the death of two of our pioneers, Drs. Boisliniere and Curtman, and it is with profound sorrow that we add to the list the name of Dr. Elsworth F. Smith, who died at Fort Missoula, August 19th. Dr. Smith was visiting his daughter, the wife of Dr. Crosby, an army surgeon located at Fort Missoula. His death was a consequence of fatal burns received while trying to extinguish a fire in the draperies of the room in which he was sleeping.

Dr. Smith was a native of St. Louis, and St. Louis has been his home throughout the 73 years of his life. His early education was obtained in a college in St. Charles county, Mo., from which he graduated and came to St. Louis. In this city he entered the St. Louis University, and after graduating, went to the St. Louis Medical College, from which he graduated in 1848. He went abroad to complete his medical education, and spent four years in Paris. On his return to St. Louis he began the practice of medicine, and was very successful. In 1852 he received the appointment as Health Officer, and four years later was offered and accepted the chair of

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Physiology in the St. Louis Medical College, which he resigned later on in order to accept the chair of Practice of Medicine at the same college. For nearly a half century he engaged in active work, and only retired two years ago, when his physical infirmities made it imperative that he should do so. His death seems especially sad; that one so full of years should have had to endure the suffering of such an accident seems most distressing.

Dr. Smith leaves a wife and family—his son, Dr. Elsworth S. Smith, is very well known to the readers of the FORTNIGHTLY. To them we would extend our sincerest sympathy in this their hour of sorrow. H.

MEDICAL HEROES.—A hall has been established in the Val de Grace Hospital in Paris, where the names of French medical men who died in the performance of their duty are inscribed on marble tablets. A list of 143 practitioners has just been placed on its walls, all of whom perished in the yellow fever epidemic in San Domingo, 1801–1803.

MISSISSIPPI VALLEY MEDICAL ASSOCIATION MEETING, ST. PAUL, MINN., SEPTEMBER 15–18, 1896.—Doctors and their friends who contemplate attending this meeting should bear in mind the fact, that the Wabash Railway is the only line with night trains out of St. Louis with through sleeping cars to St. Paul without change. Make no mistake, and see that your tickets are via the popular Wabash line.

THE AMERICAN PUBLIC HEALTH ASSOCIATION holds its annual session in the city of Buffalo, September 15 to 18. Extensive preparations have been made for the entertainment of the guests, including delegates from Mexico and Canada. Dr. Eduardo Licéaga, of Mexico, is the President, and Dr. Irving Allison Watson, of Concord, N. H., is Secretary. In honor of the occasion, Dr. Wm. Warren Potter publishes in the September number of the *Buffalo Medical Journal*, an interesting history of this important Association, embellished with illustrations of the officers.

NEW YORK'S OVERCROWDED TENEMENTS.—The destruction of the rookeries still goes on. July 15th the Board of Health ordered the evacuation and destruction of twelve more in addition to the fifteen condemned May 27th, as unfit for habitation. But for the existence of such pest holes the rate of mortality of this city would be among the lowest of the large cities in the world. All large cities have their mudsills, which swell their death rates, and New York's have been her foul dens, called tenement houses. The health officers of our southern cities in particular insist upon a constant discrimination of the death rate of the races to show how much more healthful their cities are for white people than the northern cities exclusive of colored people. San Francisco excepts her China town, and Denver her visitors. But if any of them have, or ever had so many or so foul disease culture beds in their midst, or so many investors in such culture beds who live on the residue of the proceeds—the short lived tenants—as are and have been for many years common to New York, they have never published the disgraceful particulars. The average death rate per 1,000 occupants of the forty-two just condemned for the last five years has been 40.8. It ranges from 23.42 to 75.05.—*The Sanitarian.*

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PHYSICIAN TO THE SHAH OF PERSIA.—It is reported that the Shah of Persia has selected as his family physician Dr. William S. Vanneman, a graduate of the University of Pennsylvania in 1888, and formerly a resident physician in the Philadelphia Hospital.

DR. RANDOLPH B. CARMICHAEL, of Washington, D. C., has been elected clinical professor of dermatology in the Columbian University, Washington, D. D. Dr. Carmichael has also received an appointment in charge of the dermatological department of the Emergency Hospital in that city.

LOW BIRTH RATE IN FRANCE.—Out of the eighty-six departments into which France is divided, in fifty-one the deaths exceed the births. The annual natality for the whole country is only 23.7 for each 1,000 inhabitants, and this number includes the still-born. More than 150,000 children under one year of age die in France every year.

ALCOHOLICS TO BE REFORMED BY THE GOVERNMENT.—Austria proposes to deal with persistent drunkards by treating them as mentally incapable, and detaining them in special retreats for a term of two years. They may go in of their own accord or on compulsion, but cannot leave at will untill their term has expired, except in certain cases on probation. Persons may be sent to the retreat either by order of the magistrate or on petition of the parents or children, or of the husband and wife, or trustees, or of the chief of a lunatic asylum in which a drunkard may be detained.

GOLD AND SILVER MEN alike appeciate the fact that no enterprise can live without one or the other of these precious metals. Well, we will accept eitner one, or both, in payment of subscription. If your FORTNIGHTLY comes to you in a *light blue wrapper*, it is an indication that your time has expired, and a suggestion to you, in a modest way, that a renewal will be most welcome. We are endeavoring to improve the journal in every way, and prompt renewals will very materially assist us in carrying out our plans. FORTNIGHTLY PRESS CO.

MOODY'S MAGAZINE OF MEDICINE.—From the sunny South there comes to us a new journal, fresh from the hands of the artistic printer and the pen of versatile editor. It is called Moody's Magazine of Medicine. It is a credit to the printer's art, and is commendable so far as following out the outlined policy of its editor, Dr. R. H. Bell. But is it what is wanted? Does it fill a long-felt want? We think not. So far as its scientific policy is concerned it is all right, but when they try to rob the Ladies' Home Journal of its glory and prestige, it is all wrong. If they wish to go into "department journalism," why not include the doctor's horse; his dog; his gun; his fishing rod; his camera; his garden; his nursery; his library; his business interests; his social sphere; his church, and his club? Be complete! "Go it whole hog or none!" when such features are introduced, and give a multum in parvo edition. Aside from this department feature we are in accord with its policy, excepting receiving the cards of homeopathic physicians and the advertisements of Ingersoll's works.

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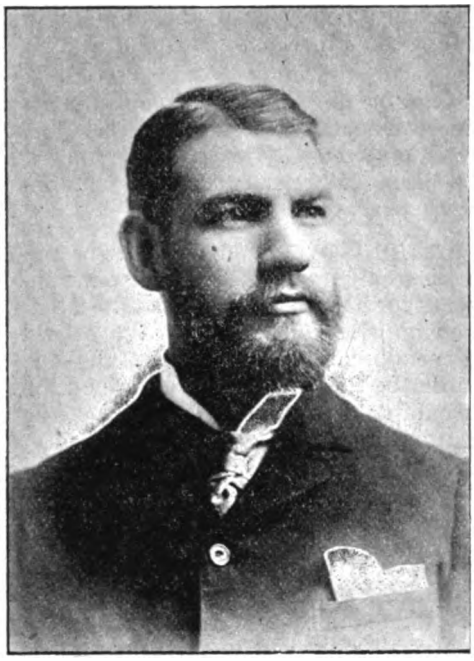
BIOGRAPHICAL.

DR. GEORGE NOBLE KREIDER, of Springfield, Ill., was born October 10, 1856, at Lancaster, Ohio, and removed with his parents to Jacksonville, Ill., in 1870, where he was a student in the Washington High School, and was graduated A. B. from the Ohio Wesleyan University, Delaware, Ohio, in 1877, and M. D. from the medical department of the University of the City of New York in 1880, and immediately thereafter commenced the practice of medicine at Springfield, Ill. He spent the year 1885–'86 in medical study in Vienna, Paris, London, and a bacteriological course with Koch in Berlin; a special course at the University of Jena, Germany, in 1890, and also a special course in surgery in Berlin in 1894. Dr. Kreider was president of the Capital District Medical Society in 1894; member of the District Medical Society of Central Illinois, vice-president in 1892; of the American Academy of Medicine; of the Illinois State Medical Society, treasurer since 1891; of the American Medical Association; of the Illinois State Board of Health, 1884–'87, when he resigned; of the city board of health since 1890. He attended the Ninth International Medical Congress at Washington, the Tenth at Berlin, and the Eleventh at Rome.



GEORGE NOBLE KREIDER, M. D.

Dr. Kreider has been surgeon to St. John's Hospital, Springfield, since 1892; consulting surgeon to the Wabash Railway system hospitals since 1891. In the beginning of his practice he served as special inspector for the State Board of Health during the epidemic of small-pox in 1882–'83. He devotes his attention to surgery.

He was married February 18, 1894, to Miss Emma, daughter of Dr. George and Hathaway (Pickerel) Pasfield, of Springfield, Ill.

THE WHY OF IT.—The happiness depicted on the face of our managing editor is explained by the following: Born on August 13, 1896, a daughter to Dr. and Mrs. F. P. Norbury. H

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Original Department.

PAPERS for the Original department should be in hand one month in advance, and contributed to THE MEDICAL FORTNIGHTLY exclusively. A liberal number of extra copies will be furnished authors, and reprints may be obtained at reasonable rates, if request accompanies the manuscript. Engravings from photographs furnished free.

☞Signature of contributor, for reproduction, should be sent with every article, on a separate slip; use heavy ink, and allow autograph to dry without applying blotter.

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Clinical Lecture

REPORTED EXPRESSLY FOR THE MEDICAL FORTNIGHTLY BY DR. LINN.

Treatment of Apparent Death in the Newly Born.

BY PROFESSOR PINARD,

PARIS, FRANCE,

Professor of Obstetrics, Faculty of Paris; Accoucher to Baudelocque Maternity, etc., etc.

GENTLEMEN: The woman you saw confined yesterday presented certain of dangers that we will be well to avoid, if possible, and we propose to go over her case with you, as it is an instructive one. She was a secondipare; having been confined for the first time in July, 1893, in Professor Tarnier's clinic. It is probable that there was some intervention then, but she does not seem to be aware or remember what it was. On examination we found that the promonto-subpubic diameter was equal to 10.3; the head was high up and could not be applied to the superior strait. We supposed that the placenta was inserted on the inferior segment of the uterus.

Added to this a large quantity of amniotic liquid, and ycu have a trio of unfavorable prognosis in the case—that is placenta praevia—hydramnios and viciated pelvis. The first pains came on day before yesterday; the labor went on quietly, and the os uteri dilated slowly also, while hemorrhage occurred from time to time. The pains increased, and the head still remained high up, while the bag of waters came down and out.

Fearing a new hemorrhage we proceeded to rupture the membranes, and hoped that the head would descend. A large quantity of liquid came away, but the head did not come down, and the borders of the uterine cavity came together. The labor ceased after this, and we tried to discover the presentation. Thinking we felt the eye we made a diagnosis of face presentation, and then fearing that Champetier's ballon, or any other intervention might displace the head and make our difficulties worse we decided to wait.

Antisepia and asepsia, of course, were practiced, as you know, and the result was, that during the day the contractions became violent and the head descended, flexed, and was expulsed with a fine child of seven pounds weight.

The mother's temperature, which had been up, fell to normal, and she is now quite well. So that is a great success to report for conservative midwifery. For the woman was in greatest danger from hemorrhage, which might have caused her death.

But the infant came away in a state of apparent death. Now, without stopping to define what we mean by this expression, we may say that

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there are several different causes: First, the child may be born with a respiration that is not regular, and the heart's action is accelerated, and in a little time this will arrange itself, the child having been born, astonished as it were, by the force of the muscular action of ejection.

In other cases, the infant may be born with the heart beating, but no respiration; or again, there may be neither heart beat nor respiration. But never say that it is dead, you do not know. The death may only be apparent, not real.

As to the present child; its heart beat but there was no respiration. We adopted several methods to revive the baby, but without success, for the while the respiration was re-established the child died. Let us profit by this case to detail the proper method of acting in similar ones.

At this Baudelocque Clinic we had, from December, 1892 to 1894, that is to say, in two years, fifty infants born in a state of apparent death. Twenty-four of them were brought to active life, and were saved by clearing the obstruction of the respiration and by stimulation.

You know already these simple methods we use here. As soon as the child is born we introduce a finger into its mouth to get out the mucous, that is sometimes in the way of its breathing properly. As to stimulation it is very important in these cases, and we recommend a useful method of rubbing the vertebral column. This friction of the spine is one of our best treatments. You will often see with it, a child in apparent death open its eyes and at once begin to breathe. It should be done with a certain amount of vigor, but we do not advise so much strength to be employed in flagellation. It is well to spank these babies, but it must be done with care, for we find it often causes ecchymosis, and be careful also in wrapping them in very hot cloths, as we have found some of them badly burnt by this system. If in spite of all these methods the child still does not breathe, it is necessary to commence insufflation. It was Chaussier who first thought of a tube to blow into the larynx some air, and Ribemont modified his instrument into the present one we use. He was able to give it the proper anatomical proportions and its curve.

Ribemont's tube is then introduced into the mouth, and from there to the larynx, guided by the finger, then the mucous is drawn up and out, and you proceed to blow the air into the lungs. There are some difficulties and a danger in using this tube, but do not suppose that we advise using the mouth to mouth method; this is not at all good. They think they can get air into the lungs in this way, and yet it mostly passes into the stomach, indeed we once saw a case where the air went on and came out at the anus.

The danger of insufflation consists in the production of emphysema owing to the rupture of the pulmonary vesicules. This has been disputed, but we have been able to prove it, and indeed it is natural when you think of the fact that you have to do with lungs that have never as yet breathed, and are in a state of atelectasia. When you blow air into the lungs, it does not penetrate equally or in a uniform manner, so that some of the vesicules are apt to rupture as they receive the greater pressure of air. It is for this reason that Ribemont advises us to make the insufflation slowly, without any effort. If you do this, you have in your hands the best method of

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re-animating such infants. It was this method that we used in seventeen of the children, and though eleven of them died afterwards, respiration was re-established in all of them.

In six others we tried Laborde's method of rythmic traction of the tongue, but all of them died.

In certain cases where the heart was still beating the Laborde method brought about the re-coloration of the skin, but the respiration was not re-established and the heart failed. We then took up insufflation and was able to save some of the children. Must we conclude from this that M. Laborde's method is useless? Not at all. If we found ourselves near a drowned or a hung man we should use it. It indeed is good in adults, but in the special cases of lungs that have never yet breathed, it does not seem to be destined to be of much use. You might try it when all else has failed, but we could not get any success with it in infants born without respiration in a state of apparent death, so we cannot recommend the method. In any case do not use instrument, the fingers are the best in such cases when you can apply the method to adults.

To sum up the result of our experience we have found that the best method in apparent death in infants newly born is the use of Ribemont's tube to perform insufflation of the lungs. We have, indeed, seen the simple contact of this tube make the reflexes act, both of circulation and respiration, and in using this system you will save the lives of many such infants, but never forget that it is an instrument that has a certain danger, as we have shown, and be careful to use it slowly and with prudence.

ALUMINUM FOR COOKING UTENSILS.—A scientific investigation was recently undertaken by the Imperial German Health Bureau to inquire into the suitability of the use of aluminum for cooking-utensils. It was proven that this metal is entirely free from communicating to food any poisonous salt, such as is given off by copper, tin, or lead.—*Medical Record.*

BERI-BERI ON THE FIJI ISLANDS.—In an interesting paper presented to the Legislative Council of Fiji on February 7th of this year, Drs. Corney, Hirsch and Joynt give an account of an epidemic of beri-beri which broke out amongst certain Japanese labors on the sugar plantations. These laborers —255 males ranging from 18 to 30 years of age—were shipped from Japan in good health. After a voyage of twenty-one days they landed in Fiji on April 27th, 1894. Fifty of them were immediately sent to the Rewa district, and the remaining 205 to the Labasa district, low-lying, damp, hot, localities. Both gangs were attacked with beri-beri, a disease hitherto, apparently, unknown in Fiji. The first case was recognized on May 30th, and between that date and February 4th, 1895, when the survivors—181 in number—were sent back to Japan, altogether 226 were attacked by and 65 died of berri beri, the other 9 not accounted for having succumbed apparently to some other affection. The disease did not spread, either at the time or subsequently, to the natives or to the Indian laborers with whom the Japanese associated.—*Brit. Med. Jour.*

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The Medical Fortnightly

Fracture of the Hyoid Bone.

BY H. F. HAZLETT, M. D.,

PUEBLO, COLO.

[*Written expressly for The Medical Fortnightly.*]

THIS accident is merely mentioned in the majority of our standard text-books on general surgery. More attention would doubtless be accorded the literature of this fracture were it more grave in its final results, common as to occurrence and available of distinctive treatment.

The chief cause of this rare fracture, in common with most fractures, is direct violence. Of the ten cases collected by Hamilton on record, of fracture of the hyoid bone, an equal number have been caused by hanging, violent grasping between the thumb and fingers, direct blows or falls on the front of the throat respectively, and one by muscular contraction alone. In those cases in which the injury was produced by hanging the body of the body was broken. In all of the other examples the fracture involved one of the great cornua, or occurred at the junction of the cornua with the body. Crepitus is generally absent, though in the case I shall report it was distinct.

In a clinic at Jefferson Medical College, December 18, 1889, Prof. Forbes brought before the class a man to whom this accident had occurred the day previous. The patient had been seized from behind by a man who had violently grasped the throat between his thumb and fingers, causing a fracture of the right cornua. The surrounding tissues were not much wounded, and no crepitus was present. The usual symptoms of pain, difficulty in opening the mouth, moving the tongue, swallowing and speaking existed. Some inward angular displacement of the fragments was found upon examination of the posterior pharynx.

In a case seen by me in 1892 there existed a fracture of the left cornua near to the body of the bone, caused in precisely the same manner as the case above mentioned; the grasp being made during the process of a "hold-up" by an extremely muscular adversary. When I first saw the man he was suffering much pain, dysphagia and complete aphonia. Free mobility of the fragments, and slight but distinct crepitus existed. There was some laceration of the soft parts and considerable swelling, and ecchymosis soon followed.

The treatment in both cases was directed toward giving rest to the parts, and in general measure to allay inflammation.

With one finger in the mouth and the opposite hand applied outside, I was enabled, with difficulty, in the second case mentioned, to replace the fragments, and to keep them fairly in apposition by the paste-board collar of Ashurst.

Where the fragments are not kept in exact position for bony union, which according to Wyeth is rarely possible, fibrinous union generally occurs promptly.

The prognosis is generally conceded to be quite favorable, although of thirteen cases collected by Dr. Gibb, two proved fatal from œdema of the glottis. We think it can be regarded as dangerous only in view of its complications, the chief of which is brought out in the above report.

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The Medical Fortnightly

Chronic Gastritis.

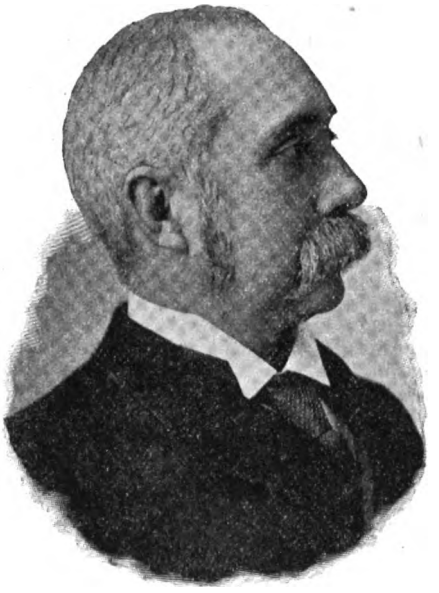
By J. M. G. Carter, M. D.,

WAUKEGAN, ILLINOIS.

Professor of Clinical Medicine, College of Physicians and Surgeons, Chicago, Ill.

PATHOGENESIS.

Functional dyspepsia, by the frequent recurrence of gastric distubrances, may encourage a persistent hyperaemia with excessive secretion of mucus. This mucus furnishes a favorable nidus for the development of bacteria. Even when the bacteria thus engendered evolve no special toxines the excessive irritation weakens the gastric walls, which thus admit of disturbances in the circulation that lead to congestion and inflammation. The frequent paroxysms of indigestion which occur in the course of a case of dyspepsia, especially tend to this pathological condition. A debilitated or atonic condition of the system induces a similar condition in the stomach, including its mucus membrane. And the causes enumerated will more easily act under such circumstances and the processes characteristic of this disease be more easily excited. It is in this manner that an hereditary influence manifests itself. It is partly in this way that tuberculosis, gout, rheumatism and some other diseases act. Diseases and pathological conditions which interfere with the venous or portal circulation, like pulmonary tuberculosis, cirrhosis of the lungs, cardiac disease and cirrhosis of the liver, induce stasis or at least a retardation of the blood flow through es the secretion of mucus and forms es the secretion of mucous and forms a favorable soil for the growth of bacteria. The increase of mucus secreted in such irritable conditions of the stomach interferes with digestion, especially the digestion of proteids. The food is covered to a greater or less extent, sometimes entirely surrounded and ensheathed, by this coating of tenacious mucus. The covering interferes with digestion in part by its alkaline reaction, which exerts a more or less neutralizing effect upon the acid gastric juice, and in part by the mechanical action of preventing the digestive fluid from exerting its full force upon the food. When the condition has passed into inflammation the diminished quantity of hydrochloric acid furnishes another element of interference with the digestion of proteids. The undi-



DR. J. M. G. CARTER.

gested food thus remaining in the stomach acts as a mechanical irritant and the gases and new compounds formed by putrefaction cause further disturbances by distention and chemical or mechanical irritation. When gastric juice is diminished or impaired, digestion is retarded, putrefaction and fermentations occur—butyric, lactic and acetic acid, and alcoholic fermentations, and the acids generated. These retrograde changes are accompanied by loss of muscular tone, retarded peristaltic motions of the stomach and atony of the

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gastric walls. The excess of mucus on the mucus membrane interferes with the absorption of peptones and the presence of these in the stomach in greater quantity than normal retards the transformation of albuminous food into peptones and the intermediate albumoses.

Chronic gastric catarrh, due to imperfect digestion of non-nitrogenous foods originates somewhat differently. When mastication and insalivation are not properly accomplished, as in rapid eaters and those who have artificial teeth, or in cases or diminished salivary secretion, the starches are not transformed into the soluble sugars appropriate for absorption in the usual time required for those changes. If the acids in the stomach are not quickly secreted so that additional time can be gained, the digestion of these foods may be fairly well accomplished, at least for a long time; but in this case an abnormal condition of the stomach exists and eventually will produce disturbance. If the acids are normally secreted, then the limited time allowed for the transformations of these foods under the circumstances above stated, would be insufficient to permit complete digestion. In either case there would result the acid fermentations already mentioned, with their irritating products, increased secretion of mucus, retardation of all digestion and the cycle of disturbances before mentioned.

Whatever the cause, whatever the mode of origin, it is found that the process is characteristic of this pathological condition. Reference has already been made to bacteria. Ewald reminds us that we are constantly swallowing these micro-organisms with our food and drink, and it may be added, with our saliva and with drugs. The number of bacteria in the stomach may be very large, but varying with circumstances. Many of these are inoffensive and seem to produce no ill effects. Still Ewald and others inform us that it is not always so much the kind as the number which originates the catarrhal process. The study of this process is very interesting and must be carried out on animals or as occasion may offer through gastric fistulae in man. The normal gastric juice is a germicide and destroys bacteria, thus preventing any trouble arising from their ingestion. But if any of the usually enumerated causes of chronic gastritis are operating the stage of increased mucous secretion is soon reached, with its attendant morbid conditions. This tenacious alkaline mucus furnishes a favorable nidus for the development and growth of bacteria and the formation of their products and toxines. Some of these toxines, by their irritation of the mucous membrane, or their effect upon the vaso-motor supply of the stomach induce at first hyperaemia, then congestion, and if the irritant ortoxic effect is prolonged, inflammation. Such is an ordinary superficial catarrh, but frequent repetitions of this process develops a chronic state which causes proliferation and fibrous growth in the submucous areolar tissue and thickening of the entire gastric wall. The toxines produce general effects if absorbed. Some of the symptoms caused by the absorption of these agents are manifestations of nervous disturbance, headaches and other derangements due to the presence of bacterial products in the blood. If the blood is already impaired by the existence of anaemia or other depraved condition, the nervous manifestations may be more marked than if that fluid is n its usual state. The membrane is covered with a stone gray, thick, tenacious, mucus, which is very abundant.

PATHOLOGY.

The stomach is of normal size or larger than usual. The first disturbances noticed are variations in the capillary circulation. Areas of redness separated by fields of normal or paler mucous membrane. When the condition has become chronic the color of the mucous membrane may not vary much from the normal, and Andral states that frequently after death the membrane resumes its normal color, the pathological evidences occurring only in the deeper tissues. In the greater number of cases the mucous membrane is more or less opaque, whitish, pale yellowish-gray, or slate-gray color, with injected or vascular areas varying from

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a scarlet to a brownish-red color. As in life the conditions vary from the mildest disturbances to severe cases, so the post-mortem appearances of pathological changes are sometimes so slight that the microscope is required to reveal them, while at other times, in other and more severe cases, the changes are very marked. The most characteristic of these are alterations in the vascularity of the mucous membrane, changes in its color, as already intimated, increase in its thickness and resistance, often increase of the lymphatic elements in the intertubular tissue, increase of the glandular and other structures. The thickened mucous membrane is covered with a thin, firmly adherent layer of mucus. Papillary projections arise in many places, due to swelling or local thickening of the mucus membrane, which give a rough appearance to the surface, somewhat resembling granulations on wounds, the "etat mamelonee" of Louis. When this condition is excessive, it may produce polypoid outgrowths reaching the size of a pea and having well marked peduncles.

Where much congestion has been present discolorations may be discovered, due to rupture of capillaries and the extravasations of blood and haemarrh agic erosions, caused by such rupture, are very common. They are generally superficial, however, and of limited area, perhaps not exceeding two or three lines in diameter; but sometimes they may involve the entire thickness of the mucus membrane. Patches of infiltration where the blood has been effused, without detachment of the softened mucous surface, may occur in some places, while in others little pits or depressions with blackened base and with sides still infiltrated with blood are seen. Vascularity may be seen in any part of the mucous membrane, but the principal changes in color, thickness of tissue, and many glandular changes are more common in the pyloric portion. Follicular ulcers are frequently met with. Thickening of the gastric walls at the pylorus may cause pyloric obstruction and dilatation of the stomach. Broussais gave a description of the gross appearances of this pathological condition which may be considered classical, and I quote from him here. He says: "Softening, friability, and the reduction into a kind of gelatinous mass commonly occurs in the region of the lower part of the larger curvature of the stomach; and when closely examined, it is perceived that it is not only the mucous membrane which has undergone that species of decomposition ,but that the muscular has participated in it, and that the whole of the cellular tissue which united the three membranes has entirely disappeared. The parietes of the viscus are then reduced to a very thin lamina of serous membrane, commonly so fragile as to tear on the slightest handling, or even already perforated without any effort on the part of the anatomist. The pyloric region, on the contrary, has manifestly acquired more consistance and thickness; the mucous membrane there presents large folds, the muscular appears more developed, and the cellular and vascular are injected; sometimes even a true cirrhous state is observed there. The portion of the mucous membrane which covers this cirrhous is sometimes ulcerated, but that in the surrounding parts and at the border of the ulcer, far from being softened, is on the contrary tumefied, indurated, and injected. Finally, though there may or may not me ulceration of the pylorus, it is always manifestly hypertrophied, whilst the lower part of the great curvature is the seat of softening and atrophy."

Little can be added to this description in the way of gross appearances. Thickening and induration of tissue are an almost uniform result of chronic inflammation of the gastric mucous membrane, especially toward the pylorus, but in other parts of the stomach, notably the cul-de-sac in the large curvature, attenuation of the mucous membrane and entire gastric wall is often extremely marked. The thickened portions may show great firmness and resistance, tearing with difficulty and being easily stripped from the submucous tissue in large pieces. While little can be added to Broussais' macroscopic description, since he wrote the microscope has made valuable revelations. The mucus which covers the entire mucosa is found to be the fruitful soil for numerous species of bacteria of all forms. Micrococci flourish—streptococci, stophylococci, and other

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forms. If the gastric juice is not in a healthy condition, this tenacious and alkaline mucus is secreted and the microorganisms which have been swallowed develop and increase. They manufacture toxines, these set up or increase the hyperaemia, congestion follows, the continued irritation continues the pathological process and the changes already described result. The presence of any particular bacteria may have no special significance. They must be found in colonies to indicte inflammation. Rokitansky described three grades of pathological change. (a) In the lowest degree the mucous membrane shows simply an increase of thickness and hardness of its tissue; (b) in a higher degree in addition to this it presents an uneven racemose or warty surface; (c) while in a still more advanced degree it forms prolongations in the shape of permanent firm folds or of the vessels of the mucous membranes and adjacent tissues are generally changed in calibre.; in the tumefied or thickened portions they are larger and in the attenuated or atrophied portions they are smaller than normal. In the pyloric portion especially there is more or less increase of the connective tissue, and wherever this hyperplastic form of inflammation occurs processes of connective tissue extend upward between glands, or from the submucosa "like the branches of a tree." The inflammatory process, when it involves the submucous areolar tissue and muscularis, is by some authors termed hypertrophic sclerosis.

The free surface of the glandular layer is covered with an exceedingly thin coating of mucus within which are included many leucocytes and neuclei. The superficial layer of the epithelium of the mucosa is loosened, and may be separated in shreds. These shreds are frequently seen during life in the wash-water used for lavage of the stomach. The mouths of the glandular ducts may be seen surounded by the disturbed epithelium, while the epithelium of the mouth is filled in part with a pale mucous mass. The glandular cells are partly shriveled up, partly granular, and partly distorted; and it is impossible to distinguish between principal and parietal cells. In many places the ducts have lost their regular form. They no longer appear in proper order, side by side, like test tubes in a frame or the cells of honeycombs, but the abundant small-celled infiltration pushes them apart, especially near the surface, and they present an irregular ramified or "glove finger" appearance. Enlargement of the salitary glands, with an increase of the lymphatic interstitial growths between them is common. Isolated glands may become separated at the fundus, and by occlusion forms cysts at the border of the submucosa. The ash-gray color of the mucous membrane is a pigmentation derived from the haemoglobin of the blood by imbibition and while it may occur in any part of the stomach is most marked near the pylorus. It is deposited in a minutely granular form in the cells of the connective tissue between the tubes or in the epithelial contents of the latter. The occurrence may be connected with the rupture of capillaries to which reference has already been made.

The glands undergo changes caused by the increased activity of the cells and hypertrophy of the tubes. Fatty degeneration occurs here, as in other glandular organs, in scatered groups of one or two lines in diameter. The appearance of small, dead-white spots imbedded in the mucous membrane is characteristic of this condition. The microscope shows the epithelium of the tubes in a state of fatty degeneration, or the cells may have entirely disappeared and nothing remain as tube contents except free fat granules. Not only the gland tubes but the interstitial tissue is frequently involved, including the capillaries and small blood vessels leading to the point affected. Irregular narrowing of the tubes often occurs in places which acts as another cause of cysts by obstructing the tube and retaining the products of secretion.

In the form termed by Ewald mucous catarrh mucoid degeneration occurs and may extend to the base of the glands, destroying both principal and parietal cells. This condition is also especially marked in the pyloric region.

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However, isolated cells may be found in good condition, the mucous filling but a small part of them, the rest being occupied by granular protoplasm and a large nucleus. In advanced stages of the disease, these retrogressive changes, chiefly the progressive fatty degeneration of the glandular cells, desrtoy the secreting structure and complete atrophy of the mucous membrane leads to disastrous consequences. In the cirrhotic form the pressure of the increasing connective or interstitial tissue cuts off nutrition to the glandular cells, which undergo atrophy, and leave a meshwork with large interstices whose parallel fibers terminate smoothly at the surface. Remnants of ducts and cells are found here and there. The muscularis mucosae has disappeared, the submucosa is traversed by fibrous bands, but the muscularis is unaltered. These retrogressive processes of the stomach have been termed phthisis ventriculi.

Treatment.—The care and treatment of chronic gastritis requires close study and, in the majority of cases, great patience. The function of the organ affected and the nature of the malady add to the difficulties necessary to be surmounted. The pleasures of the table are too attractive to most of our epicurean race for us to expect much assistance from our patients during the early stages of this disease—the period when proper treatment will do the most good in the least time. As the affection progresses it is difficult to convince those whose sufferings are mild or occur only occasionally, that restricted and selected diet will add materially to their comfort, and possibly aid in establishing a cure. Not infrequently it is only after glandular atrophy has occurred and the disease has passed beyond the limits of curative measures that the patient becomes alarmed and is willing to aid the physician in a desperate but useless struggle for life.

Authors have divided the measures used in the treatment of this disease into two classes: Prophylactic and curative. This division will be sufficient if we include under the first term all means which are valuable as preventives and correctives of false habits of eating, and conducive to perfect gastric digestion, free from irritation; and under the second any measure, whether medicinal or not, which tends to alleviate suffering, promote digestion or remove the pathological conditions present.

To be more specific, then, we may say that the treatment of gastric catarrh requires that we give attention to

1. The removal of the cause, where possible.
2. Hygienic principles in the care of the mouth and bowels.
3. The diet. But in addition to these it is necessary to use:
4. Irrigation.
5. Stomachics.
6. Electricity.
7. Digestives.
8. Antiseptics.
9. Anodynes and sedatives.
10. Massage.
11. General tonics.
12. Proper physical exercise.

(1.) In many cases it is useless to attempt a cure until the cause is removed. If a congestion of the gastric vessels and a consequent inflammation is due to obstruction of the circulation in the lungs or liver or some cardiac or renal disease, efforts must first be made to relieve the obstruction by removal of the primary pathological condition.

(2.) One of the most essential elements in the treatment is proper attention to the rules of hygiene. Since such great strides have been made in the science of bateriology, we have learned, among other things, that the mouth, pharynx and naso-pharyngeal spaces are culture beds for the development of many forms of bacteria. Many of these bacteria when swallowed do much toward exciting inflammation. This fact makes it imperative that dyspeptics and others who may be on the verge of such a condition should keep the teeth and mouth clean. It should be washed, the teeth cleansed and the throat gargled at least twice a day with a boric acid solution. It

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is essential also that the bowels be kept in good condition; constipation is a frequent cause or complication of chronic gastritis.

(3.) Even more important still is attention to diet. No definite regimen suitable for all cases can be prescribed. Something depends upon the cause. Milk is of especial value in cases due to congestion resulting from hepatic, cardiac, pulmonary or renal disease, and may be given with lime-water. It is of great service in any form unless there is some idiosyncrasy or acid condition of the stomach which contra-indicates it. Other cases often do well on liquid meat and cereal foods. It is necessary to prescribe food to agree as nearly as possible with the digestive powers. If examination and observation show that the gastric juice is in excess, as it often is in the earlier stages, proteids may be easily digested, in which case meats, eggs and other nitrogenous substances may be permitted. If hydrochloric acid occurs in diminished quantity, the class of foods just mentioned must be reduced, or eliminated, or predigested. This necessity arises in the last, or atrophic, stage of chronic gastritis. In severe cases during the exacerbations of the inflammatory process it is often necessary to give the stomach almost a complete rest by supplying nutriment by the rectum. If the salivary and pancreatic secretions are in good condition, the starches and sugars may constitute the only food required until such time as the stomach is able to assist in the care of proteids. Proteids may generally be given, if predigested, when the organ is not in too irritable a condition to admit of food. It must be omitted when it causes special distress. The food should never be bulky. Patients should not eat to satiety, but stop when hunger is allayed. The stomach is in better condition for the reception of food after taking soda water, Vichy, or other alkaline water. The mucus which covers the gastric walls in these cases is removed by the hot or alkaline drinks, and the gastric juice is better able to act upon the food.

(4.) When the mucus is very tenacious, sometimes it can only be removed by irrigation or douching with alkaline solutions or soapsuds prepared from green soap. In many cases no treatment is satisfactory until the stomach tube has been used and the inflammatory products and general debris removed. It is, in fact, only thus that the germ nidus can be thoroughly destroyed. It is usually necessary in dilation.

When the stomach walls are thus cleansed a better secretion is thrown out by the peptic glands, and the food may be readily digested. This cleansing process is not the only value attaching to the use of the stomach douche. The effect of a stream of water upon the gastric mucous membrane is tonic, like that upon other mucous membranes. It helps to regulate the circulation and consequently produces a direct effect upon the gastric juice. It stimulates glandular activity. The cell proliferation thus originatel is not infrequently the beginning of a cure. In many cases a special value attaches to the impact of the water upon the gastric walls, it impresses the nerve supply favorably. The absorption of large amounts of water from the stomach is also valuable. The use of the stomach tube, in fact, is essential in many cases of gastric catarrh. Medicated solutions may be used in this manner. Antiseptics are thus used.

(5.) After the stomach has been cleansed of the tenacious mucus which clings to its walls, the administration of stomachics, like lupulin, gentian, nux vomica, cinchona, calumba, is of great service in some cases. They act more readily upon the clean membrane and stimulate the glands to greater and better secretion. If the mucous membrane is in an anaemic state, nitroglycerine is often valuable, because of its action upon the vaso-motor system, as it dilates the capillaries and allows greater quantities of blood to flow about the glands. The mineral acids, especially the aromatic sulphuric and nitro-muriatic, have a beneficial influence in this connection. I have found

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small doses of the aromatic sulphuric acid of great value to stimulate the stomach, and this, united with its stimulant effect upon the liver and pancreas, makes it an exceedingly valuable remedy in certain cases of chronic inflammation with diminished secretion. It would be useless to prescribe these remedies in the third, or atrophic, stage of chronic gastritis. Their value is best realized in its second stage, when the glandular cells are diminishing in size and number, and the secretion is becoming inferior in quantity, if not in quality.

(6.) It is in the second stage likewise that galvanic electricity is of most value. It may be of considerable service in the beginning also, the impression made upon the vaso-motor system favoring a return to the healthy state, when irregularities occur. The use of the Einhorn electrode enables the operator to increase or diminish the gastric secretion at will, by simply reversing the poles, the negative increasing and the positive diminishing. In anaemic cases the use of electricity is often beneficial. In some cases of nervous temperament or constipation the impression made upon the mind of the patient is serviceable.

(7.) In all stages of gastric catarrh digestives — hydrochloric acid, pepsin, ptyalin, etc. — are valuable remedies, sometimes one, sometimes another. In all cases of diminished secretion hydrochloric acid is indicated, and pepsin is of value. The experience of many physicians with pepsin is disappointing, but it is judicious to administer it. However, the stomach should be in such a condition as to favor its action. If it requires antiseptics, use them first, and when they are removed from the stomach, give the pepsin. It should be remembered here, as with other preparations for the stomach, that the gastric walls should be cleansed of inflammatory products before the administration of drugs. In the atrophic stage food should be predigested, especially proteids. This will largely prevent the putrefaction which will almost certainly occur otherwise. The lacto-peptine, pancreatin, peptenzyme and similar preparations often act well.

(8.) There are cases which are relieved by giving antiseptics. There are two objects to be accomplished by these remedies: (a) Where putrefaction or fermentation has already occurred in the stomach, antiseptics relieve the gastric distress and correct the decomposition; (b) In those cases which are characterized by a tendency to intestinal fermentation, the exhibition of antiseptics destroys bacteria and all fermentation germs already existing in the stomach, and prevents their passage into the intestines. Sometimes these remedies may pass into the upper portion of the intestinal tract and extend their beneficial influence, but it is not expected that they can act throughout the entire canal. If, however, gastric and duodenal decompositions are prevented, the intestinal secretions are sufficiently antiseptic to make the canal as nearly aseptic, in most instances, as is usually found in health. Salol, resorcin, salicylate of bismuth and carbolic acid are proper remedies to use for this purpose. It must be remembered that the enzymes—ptyalin, pepsin and pancreatin should not be administered with antiseptics. Ptyalin and pancreatin may be given with alkalies, like bicarbonate of soda or potash. Alkalies are often valuable to counteract acidity or fermentation. The cough which sometimes accompanies this disease is due to acidity, and may be relieved by neutralizing with an alkali. These cases of acidity, and sometimes other cases, are benefited by astringents, of which nitrate of silver is one of the best. This remedy, in ¼ grain doses, or oxide of zinc, in 2 or 3 grain doses, may be given after meals and at bedtime in selected cases. The heartburn and gaseous distention which frequently are sources of considerable distress, may be relieved by antiseptics or alkalies. Salol or salicylate of bismuth will act best in some cases, while the bicarbonate of soda or potash will do better in others. The sensation of a load or uneasiness in the stomach after meals may be relieved by the same treatment.

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(9) Pain and distress must be quieted and if the means already sugegsted are not potent for that purpose, the carminatives, gelsemium, belladonna, and different preparations of opium must be used. Sometimes in the exacerbations of the disease, which may be frequent, a counter irritant of mustard or of the spices is valuable. Alcocol and spirits of camphor compresses are frequently beneficial. Subnitrate or carbonate of bismuth, lime water, ice, ice-cream and cold drinks will often relieve the burning or hot sensation in the stomach. A glass of lime water before breakfast will often clear the mucous from the gastric walls and prevent the formation of gas, thus obviating the distension, which is a common cause of distress. For the uneasiness which sometimes occurs about four hours after meals, bicarbonate of soda or potash is useful. Hydrocyanic acid is sedative to the stomach, especialy in chronic gastritis of phthisis. This remedy may be combined with bismuth or the alkalis. Nitrate of silver, which has already been mentioned as an astringent, is also alterative and sedative; it may be given with opium and iron before meals. For vomiting in addition to the alkalis, bismuth, hydrocyanic acid and other remedies mentioned, cocoaine, codeine, etc., may be used, and pure willow charcoal is often valuable. Salol should be used for intestinal tympanitis.

(10) Massage may be used in any stage of the disease. The lighter methods if the bowels and stomach are very tender, but otherwise thorough kneading is especially valuable for constipation. The relief of the constipation by this means, particularly in children, produces an excellent effect upon the stoach trouble. Judicious efforts at massage also help to restore normal motion while gastric mobility is disturbed. The general use of massage in weakened muscular cases, in emaciation, in neurasthenic and otherwise debilitated cases, is usually to be commended. This sometimes does well in those cases which require rest, whether of the body or of the stomach only.

(11) The tendency of gastric catarrh is to reduce the patient's vitality, by interfering with nutrition to cause emaciation and induce general debility. These tendencies must be combated by tonic measures. The mineral acids, electricity and massage have already been mentioned and may be used for the distinct purpose of fortifying the system against the ravages of disease. Malt, iron, nux vomica, and quinine, when not irritating to the stomach, are valuable remedies as tonics. Arsenic, generally in the form of Fowler's solution, is one of our most trustworthy drugs. Its action on the gastric mucous membrane is alterative and this makes it a remedy of superior value. A combination of arsenic, iron and quinine, with or without nux vomica, produces excellent tonic effects in many instances, especially where there is a tendency o effusion, suppuration or abscess. The peculiar effect of quinine in hardneing the endothelial plates of the smaller blood vessels makes this agent a valuable remedy in such cases.

(12) In addition to the remedies just suggested exercise in the open air is essential. Such patients often improve rapidly when reasonable time is given to walking, riding, rowing, cycling and hunting. Gentle or moderate exercise invigorates the wohle system, but hard physical labor is as disastrous to digestion as hard mental work. When the two are well balanced the digestive process is at an advantage and any tendency to catarrh of the stomach is reduced to the minimum.

Supplementary to what has been said it may be said that mineral acids are valuable when the urine contains excess of oxalate of lime and phosphates; alkalis and Vichi water are useful in gouty cases, uric acid diathesis with the presence of urates, and in patients suffering from phthisis where the stomach is irritable they may be combined with sedatives. They are valuable in acid dyspepsia. Pepsin is valuable in scrofulous children with red and irritable tongue.

J. M. G. Carter.

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The Medical Fortnightly

Some of the Effects of Constipation upon the Nervous System.

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In the present state of our science, when there is such widespread prevalence of disease of the nervous system, and such a combination of other diseases associated with the nervousness, it is desirable that our attention be called to every factor sustaining an etiological relation thereto.

In this consideration constipation occupies a dual position, sustaining both a causative and resultant relation.

Constipation as a functional disorder may be defined as an abnormal condition of the great colon or the entire intestinal canal, manifested by the unusual retention of excrementitious material, both as to quantity and to time of evacuation. While it is necessary in considering this condition to regard individual habit and idiosyncracy and compare with the rule, persons do become constipated without notable or sensible inconvenience to themselves, without manifesting any of the local symptoms, and while having regular, easy and apparently sufficient evacuations.

We have come of late to the consideration of constipation more on account of its relation to other ailments and the entire system than because of the mere inconvenience induced or the infrequency of stool. The intestines and colon and rectum are considered as digestive, eliminating and secreting organs ,and as organs of absorption. To the latter of these functions we desire for a moment to call your attention.

With their great extent of retiform tissue, inclosing a multitude of blood vessels and nerve ramifications, with their mucous follicles and corduroy valves of retardation, with their glands, arteries and veins, the powers of absorption belonging to this tripod are beyond compare. The wonder is that all the contents which enter are not taken into the circulation.

While the colon and rectum have not the digestive office we have long supposed, their absorptive power is greater than has been thought, and the quantity absorbed is in proportion to the time of contact and concentration of the substance. These organs seem in a certain sense endowed with the power of selection ,and they absorb digested aliment, medicines and deleterious material with about the same avidity.

The intestinal nervous system is comfromplex. Filaments are received from the pneumo-gastric, the sympathetic, and from the lumbar cord. After having been distributed to the plexus of Meissner under the sub-mucous coat and the plexus of Auerbach between the muscular planes, branches thus supply the glands, muscles and blood vessels. Some preside over the secretions, others over the peristaltic muscular movements, others over the intestinal circulation. But not alone do the medullary and ganglionic systems direct the functions of the intestines, the nerve centers of the brain have a direct influence over them. Since all functional action in the system is reciprocal it follows that the functional activity of the intestines must affect the nutrition and activity of the brain and nervous system.

Intestinal intoxication is proven by the fact that fecal matter contains toxic substances; by toxic substances found in the urine, the result of fermentation in the intestines, and by grace general symptoms. These toxines are the same as originate in any putrefaction of animal or vegetable matter, and belong to the great class of leucomaines and ptomaines. The faeces are never completely sterilized by the strongest antiseptics, and always furnish a favorable medium for the growth of microbes. Since disease is the result of microbic infection, or of the products of microbic death and presence; with intestinal putrefaction, with the presence therein of toxic substances ,with the powers of absorption

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of these organs, what may we not have as the result of our own fecal retentions? The absorption of toxic and excrementitious substances produces retrograde changes in the quality of the blood, deficiency of haemoglobin, and diminution in number of the red blood corpuscles, as shown by the haemocytometer ,and thus, by supplying imperfect nutriment to the brain, becomes one of the prominent factors in the production of cerebral anaemia. Deficiency of nutrition and change of the quality of the blood by the presence of toxines, both increase the irritability of the brain, and by their stimulus cause a temporary increased discharge from the functionating centres. If the deficiency of nutrition or the supply of toxic material, or both, be continued, the increased irritability is followed by brain exhaustion.

Hence I believe nervous depression, hypochondriasis, neurasthenia, neurasthenic and so-called habitual nervous headaches, and nervous symptoms generally, are more often the results of constipation than its cause.

Even when these functional diseases seem to be the primary disease, they only form an arc of a vicious circle, since the one is able to keep up or increase the other. These conditions are usually found in persons of sedentary or inactive habits or occupations, with an accasional exception of over-exertion. We frequently find such patients suffering from chronic liver or gastric troubles and intestinal insufficiency along with constipation.

The mechanical pressure against the mestenteric blood vessels, by over-distended bowels, especially if long continued, no doubt causes increased flow of blood to the brain to establish the circulatory equilibrium, and a temporary hyperaemia with its concomitant symptoms is produced. Like an Es march bandage about a limb, or a sudden cooling of the surface of the body, which in winter is the cause of more frequent cerebral haemorrhages than at other seasons; or like the sudden suppression of the menses, or of an haemorrhoidal discharge; or even the straining at stool, which we avoid in apoplexy on account of the increased pressure of blood in the brain which it produces. The general symptoms of cerebral anaemia and hyperaemia are much alike and the cerebral symptoms cannot be relied upon for a differential diagnosis. While both conditions may be produced in different cases from the same cause, they may be distinguished by the history ,the symptoms and the characteristics of each and by the results of treatment.

Continued unusual pressure produces excessive activity of the nerve supplying the part, excitability is finally abolished, and the exhaustion of the nerve occurs locally ,as in over-distention of the bladder. A constantly overloaded condition of the bowels may produce either of these local results on the nerve filaments themselves. The effect of this travels backward to the controlling ganglia in the lumbar cord, and defectation being essentially a reflex act, when its directing center is not sensitive to the controlling impulse of the brain, does not occur promptly, and the constipation thus reacts upon the whole system.

The nervous system, as the master tissue of the body, needs the highest nutrition ,and is fed in its truest sense by the overflow of nutriment after its refinement and elaboration in other tissues. Whether the nerves are nourished by plasma reaching the axis cylinder of the nodes of Ranvier or not, we believe with Waller, that the nutritional activity or nerve fibre is in the direction of its physiological activity. Any inhibition of this function will lower the excitability. A long period of repose not only lowers the excitability, but if continued beyond a certain limit, atrophy and degeneration occur in the nerve substance itself.

In diseases where patients complain of symptoms supposed to be of spinal origin, and where there is entire absence of spinal affections of the cord, or of anatomical disturbances, and often when these are united with cerebral symptoms, and there is a general disturbance of the entire nervous system with a neurotic heredity, it is frequently, I believe, a functional neurasthenia. Such a case recently came under my care from the country, a Miss M., aged 32. She had previously been afflicted with convulsions, supposed to

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be epileptic, at and since puberty, but had none for two years previous to my seeing her. She complained of attacks of severe occipital pain, when she would become nauseated and dizzy. At the same time she would have a convulsive-like attack with irregular tremors, and a peculiar nodding and swaying movement of the head, which she said she was unable to control. She also had pain in the cervical and lumbar region, deep seated. These attacks occurred irregularly from one to five weeks apart. She was an invalid each time from five to fifteen days. She had been treated for a long time and informed that she had epilepsy and disease of the spine. Thorough examination revealed absolutely no signs of spinal disease nor anatomical disturbance of the cord. After three months of treatment, with occasional use of mild chloride, intestinal antiseptics, citrate of magnesia, a little pepsin, regulation of diet, massage to the abdominal muscles, colon and intestines, faradization, an occasional flushing of the colon, with administration of iron, arsenic and the bitters, and the full assurance that she had not spinal disease, she returned home, having gained eighteen pounds and fully recovered. The late revered and honored Dr. J. S. Jewell believed and taught that the effect of constipation might produce a condition of the brain akin to, or that could be classed as, transient mania, and he has many supporters. I call your attention briefly to another case from my records in illustration of this belief.

Case II.—Mrs. R., aged 34. I was called at 8 p. m., and found patient in convulsions, having alternating tonic and clonic spasms of all the muscles. While in the former she would almost stop breathing, and the pulse would become very slow and weak. The patient had attended an entertainment the evening previous and had performed her usual house-hold duties during the ensuing day, though complaining of feeling tired. There was no history of neurotic heredity, nor of previous similar condition of the patient. It was thought by her friends that she might be pregnant. There was moderate distention of abdomen, but no other symptoms. I called Dr. Bridge in consultation, when the pelvic organs were examined, with negative results, and we were then unable to assign any cause for the patient's condition. The patient continuing to have convulsions in rapid succession, each one becoming more severe, chloral was administered in 15 grain doses per rectum every half hour until ninety grains had been given, when the convulsions ceased. The patient remained unconscious until morning, and when aroused was bewildered and confused. During the day and for six days subsequently, she manifested a great variety of delusions, and had marked hallucinations of all the senses constantly. She took nourishment only by force, thought people were in her room, heard the bagpipes ,saw people on the wall, did not know her husband or friends, nor her surroundings. The first two days of illness there was no action of the bowels. After further examination and in the absence of other probable causes, I concluded her condition was produced by constipaton, and would not consent to having her declared insane. I had been assured that she had been regular as to time and quantity of fecal evacuations. I administered large quantities of saline laxatives every three hours, with occasional small doses of mild chloride, flushing of the colon and enemas, continuing the same for eight days from the time I first saw her. The first five gallons of dejections from the bowels had the appearance of dissolved powdered charcoal, after which the stool became more natural in color and consistency. During the eight days the amount of stool by measurement was a little over eight gallons, there being from three to five evacuations every twenty-four hours. Her mind gradually became clear, and in two weeks she was up and feeling better than for a year past. Moved to St. Louis. Recovered.

In these days of rapid advancement and discoveries, of scientific investigation and the promulgation of theories, it is well to return occasionally to the principles of our fathers, and see whence we came, continuing also to "keep the feet warm, the head cool, and the bowels open." That constipation has a psychical effect no one will deny, and that it has a moral effect even the laity recognizes. "Those persons who

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are in good condition, whose bowels are freed by an easy, regular movement every morning as soon as they have has a psychical effect no one will deny, cious, kind; an 'no' from their mouth comes with more grace than 'yes' from the mouth of one that is constipated."

DISCUSSION OF DR. PETTYJOHN'S PAPER.

DR. CLARK: I wish very briefly to say I was very much pleased to hear the paper of Dr. Pettyjohn, and especially in connection with the cerebral symptoms arisng from constipation. It came with particular grace at this time, so far as I am concerned, from the fact that I have during the last two weeks had an experience in connection with this matter. I have a patient about 55 years of age ,male, well preserved, good liver, and with an appearance from which you might expect an apopletic seizure. In fact, the first time I was called to the patient I found his priest administering extreme unction, and every symptom of an attack of apoplexy. I proceeded at once to the use of the lancet, withdrawing between a pint and a quart of blood, and he recovered. In fact, he recovered so quickly and so perfectly that I was left to doubt my diagnosis, but still I could find no reason for the symptoms, never suspecting constipation in any way. The patient made a very fine recovery at that time. In the morning I advised, as I would have done had it been apoplexy, which I supposed it was, I advised Hunyadi water, large doses. He took a bottle, and the next day he took another bottle, and he took the third bottle. Th ebowels finally acted nicely. I didn't know, however, that he had taken the second or the third bottle of the water. He told me he had to take the third bottle in order to get results. I saw no more of the patient for a month, when I was called in a hurry. His wife had been away and on returning had found him on the floor, his face toward the grate and in an unconscious condition. She sent for me and expected I would use the lancet as before. I didn't feel justified in that, as I was a little doubtful of my first diagnosis of pure apoplexy. I was satisfied as soon as I laid him on a bed, his head in an elevated positon, when he apparently recovered. How long he had remained in that positon, however, we could not say.

About two weeks subsequent to that he came to my office, and he said: "Doctor, I want you to tell me what is the matter with me." Well, I told him. he had symptoms of hyperaemia of the brain. The man was pretty well read and he said he knew that. He said he knew he had a rush of blood to the head, but he said that was not telling him what was the matter with him, and he wanted me to explain the causes which led to it. I said, I can't do it. I don't know what it is due to. It is simply a pethoric condition resulting from your habits of living. Well, he said, I will tell you what is the matter. It is nothing more nor less than constipation. I have gone now one week without a passage from the bowels, and I took three bottles of Hunyadi water that you prescribed for me before I got a passage. I think his diagnosis is right, and I am going to treat him on that line. I have no doubt of ultimate success. But this opened my eyes to the fact of the connection between chronic constipation and hyperaemia of the brain. I have never noticed in my reading any particular allusion to this point, but it is a point of value, and it has been well brought out by the author of the paper.

DR. VAUGHN: I would like to say one or two words on this paper, which I think is a very valuable one. I want to point to one or two things. I am sorry that Dr. Pettyjohn did not condemn the method of using large injections frequently for constipation, for instance, the so-called Wilford Hall method of flushing and injecting enormous quantities of water into the intestines two or three times a week. I have no doubt the doctor would condemn it; I hoped he would do so in his paper. I have seen many cases of paralysis of the walls of the intestines, and the most deplorable condition resulting from this procedure. Now, in regard to the case my friend Clark reports, I am inclined to think—I may be wrong—that, when the man took the three bottles of Hunyadi water, he did practically what Dr. Clark did first, when he bled the man. It was some-

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thing more than simply washing out the intestines. He probably withdrew some effusions. I remember some fifteen years ago a man living in Jackson brought his boy, about seventeen or eighteen years of age, to me, and wanted to know what he should do to him, whether he should take him to an asylum or not. He had noticed for some months that the boy had begun to be clumsy, could not take hold of things very well; and when he brought him to me he could not walk alone. If he started to walk he would go on his toes and fall right on his face. I was anxious to do something for the boy. I was young in the profession and I could give a good deal of time to it, and I thought the boy was suffering from anaemia of the brain ,and I tried to build him up on tonics. His bowels moved two or three times a day, in his pants or in his bed, wherever he might be. He seemed to be quite indifferent to these things, and I tried the digitalia and strychnia tonics for two or three weeks. He got worse. I gave him two or three drops of croton oil, and the quantity which he passed was very large indeed. It wasn't measured, and I cannot say how much there was, but from that time on he gained. Then I gave him digitalin, strychnia, iron, etc. I took him before the class and asked him questions: What would five and a half yards of calico cost at twelve cents a yard? and he could answer as promptly as anyone in the room, while before the treatment he had been practically non compos mentis. Now, I fancy in that case there must have been an effusion somewhere in that brain.

DR. PETTYJOHN: I will say I agree with Dr. Clark in that matter of relieving hyperaemia of the brain, with tendency to effusion. I have found in my experience a great many cases having had apopleptic seizures, or rather what would be serous effusion, not hemorrhage, and that there was no recurrence of those symptoms if the bowels are kept free. I have used the massage treatment, beginning with the circular movement, in the right iliac region following the great colon into the left iliac region. I use the saline mixtures and an occasional enema. I find the massage manipulation increases the muscular strength of the intestines themselves. These cases are relieved by very little medicine. I have used flushing of the colon but a very few times. I do not believe that constipation was ever cured by medicine. I thank the gentlemen for the interest they have taken in the paper.

THEY KNOW A GOOD THING.

Twenty-years ago duty was paid on cocoa for consumption in the United Kingdom on 8,300,000 pounds; in 1894 the corresponding total on duty-paid cocoa had gone up to over 22,000,000 pounds.

GERMANY OFFICIALLY INVESTIGATES OUR CLIMATE.

Dr. Engel Reimers, chief physician to the public hospital in Hamburg, Germany, has been sent to the United States and Colorado particularly, to investigate the influence of our climate upon tubercular patients.

GARBAGE REMOVAL IN CHICAGO.

Dr. Mary H. Bowen of Chicago, by arming the garbage wagons with tin horns has accomplished great good on the West Side. On hearing the gentle toot the garbage is promptly brought to the collector instead of being dumped in the alley. The only solution of the garbage question is a regular house to house visit, and this is a move in the right direction.

ITALIAN UNIVERSITIES.

The total number of students on the books of the twenty-one Italian universities in 1895-96 is 21,161, showing a slight increase as compared with the previous year. Adding to these the students, male and female, of the institutes of higher education, a total of 23,962 is reached. Of these 6,786 are students of medicine. The most frequented university is that of Naples, which has 4,956 students, Turin coming next with 2,434; then comes Rome with 1,911, Padua with 1,664, Bologna with 1,375, Pavia with 1,345, Palermo with 1,343, Genoa with 1,089, Pisa with 1,066, Catania with 890, and Messina with 551. All the others have fewer than 500, those of Urbino and Ferrara having fewer than 100.

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The Medical Fortnightly

London Letter.

[SPECIAL CORRESPONDENCE OF THE MEDICAL FORTNIGHTLY.]

British Medical Association Meeting.

Portraits are from latest photographs, engraved expressly for this magazine

Continued from page 483.

In the Medicine Section the address of the president, Dr. Duffey, was chiefly retrospective and dealt with the history of the British Medical Journal and of the meetings and sections.

Sir T. Grainger Stewart opened a discussion on the diagnosis and treatment of cardiac failure. As regards the latter, rest is the most important, especially in those who engage in laborious work. Second in importance was the element of hope, for if the patient becomes gloomy and disheartened it damages the heart in a way which cannot be explained. Next to rest ranks diet. A dry diet is often of great service and many err in taking too much liquid with or soon after meals. Alcohol as an article of diet must be used with caution; whiskey is the best form, the amount of which for habitual use should not exceed four ounces in the twenty-four hours. Tea, coffee and cocoa must be discontinued if they are found to disturb the heart's action. Exercises have to be considered under three forms: (1) passive exercises, including massage, often very beneficial where the patient is not sufficiently well to bear more active exercises; (2) movements with regulated resistance, the Schott method, which in a large proportion of cases produces not only temporary but lasting benefit; (3) hill-climbing after Oertel's method is of decided service in a small proportion of cases. Some patients may be prepared for this method by a preliminary Schott treatment.

As regards medicinal remedies, digitalis is the most valuable of the heart tonics; in sclerosis of the vessels it might be combined with the nitrites with advantage. Strophanthus came next, and in an emergency it helps the heart more rapidly than digitalis can, a point of immense importance. The use of caffeine and diuretin and strychnine was alluded to as vaso-dilators, relieving the heart by dilating the arterioles, amyl nitrite was the most rapid, but for a prolonged effect sodium nitrite and nitro-glycerine were to be relied upon, while potassium iodide might prove a valuable adjunct.

For the dropsy resulting from cardiac failure, in hydro-thorax tapping the pleura was of prime importance.

SIR T. GRAINGER STEWART, M. D.

Sir Grainger Stewart had never seen reason to condemn the use of digitalis in aortic cases as some had done, in advancing inflammatory conditions he insisted on absolute rest with arsenic and potassium iodide and ammonium carbonate. For sleeplessness, beef-tea and alcohol often relieved; Hoffman's anodyne is useful, but best of all is opium or morphine, which failing, sulphonal, paraldehyde and the nitrites may be employed.

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In the Obstetric Section, Dr. Croom, the president, took as his theme "Recent Developments of Gynecological Surgery." For uterine cancer he considered that vaginal hysterectomy offers the very best and practically the only chance of cure, but must be performed sufficiently early. For bleeding or rapidly growing fibroids, abdominal hysterectomy is becoming a more thorough and reliable method of dealing with these growths than any other. The accidental discovery and development of oophorectomy or in some cases removal of the uterus, as a cure for the once hopeless disease of osteomalacia is one of the most striking results of the development of gynecological surgery during the last decade.

A discussion on secondary puerperal hemorrhage was opened by Dr. Routh, who began by defining the condition as hemorrhage occurring from an hour after delivery until the end of the puerperal period. There were two varieties, the internal or concealed and the external. The causes were uterine inertia from emotional causes, undue exercise and the retention of pieces of placenta or membranes. The treatment was to mould the uterus, to pass the hand in and remove pieces of placenta and membranes, the hot douche and hypodermic injection of ergotin. After the third day it would be necessary to dilate the uterus with solid dilators, pass in the fingers and clear out the cavity. Members were of opinion that by far the most frequent cause was retained pieces of placenta.

Professor Byers read a paper on the "Early Recognition and Treatment of Puerperal Fever." Two kinds of early infection were discussed—sapremia and septicemia. A thorough examination of the patient should be made in the following order: The pelvic floor, the vagina and the uterus. In cases of infection of the uterus the three methods of (1) simple irrigation, (2) continuous irrigation and (3) curettage, were discussed. The question of serotherapy by injection of (a) antistreptococcus serum or (b) artificial serum was considered and local and constitutional treatment were strongly advocated.

In the Section of Surgery several important subjects were discussed. Dr. MacEwen opened a debate on Prostatic Hypertrophy, and of course its treatment by orchectomy claimed a considerable share of attention. MacEwen concluded (1) that in many cases castration causes more or less atrophy of the prostate, (2) that it is most valuable when the enlargement is general, (3) that cystitis may be relieved or cured, but that in marked cystitis drainage is better. Professor Chiene thought that castration should only be done when all other means had failed to give relief. Southam thought that an operation was required in only a small number of cases. Sandberg of Bergen had always seen relief follow orchectomy. Jordan Lloyd said that prostatectomy had been a signal failure.

Mr. Reginald Harrison contributed a paper on "Division of the Vas Deferens for Prostatic Hypertrophy." The vasectomy might be single or double, in the latter case it is better to allow a month to elapse between the division of the two vasa. He concluded that both by castration and by vasectomy much good could be done, but that some cases are not benefited by either method.

A debate on the Surgical Treatment of Diseases of the Vermiform Appendix was opened by Dr. MacDougall. He discussed the symptoms and treatment and put the following questions to the meeting: (1) Are there such conditions as rheumatic and stercoral appendicitis? (2) What signs are of the most value in deciding the question of early operation?

Oscar Block of Copenhagen, detailed a case of partial excision of the kidney, remarking that partial excision should be done, if possible, in preference to a complete nephrectomy as it was impossible to be sure of the condition of the other kidney. The method, however, was nearly limited to benign tumours.

Richard T. Hewlett.

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The Reviewer's Table.

Books, pamphlets, instruments, etc., for this department, should be sent to the Managing Editor, Saint Louis.

A TREATISE ON THE MEDICAL AND SURGICAL DISEASES OF INFANCY AND CHILDHOOD.—By J. Lewis Smith, M. D., Clinical Professor of Diseases of Children, Bellevue Hospital Medical College, N. Y., etc., etc. Philadelphia: Lea Brothers & Co., 1896.

It is a pleasure to review this classical work, which has for so long been a monument to American pediatrics. Its revision has placed it up to date in every particular, enabling it to maintain its place as foremost among American works on this subject. Smith has called to his assistance several authorities, viz: Dr. Stephen Smith, who has written on the subject of surgical diseases of children; Dr. Jos. O'Dwyer, the inventor of intubation, who writes on this subject; Dr. A. R. Robinson, who renders efficient services in diseases of the skin. Taken as a whole this book merits the patronage of the profesison, as it truly is the most evenly balanced, clear in description and thorough in detail, of any of the books published in this country on this subject. We wish it continued success.

F. P. N.

BORDERLAND STUDIES.—By George M. Gould, A. M., M. D. Philadelphia: P. Blackiston, Son, & Co., 1896.

All who have been familiar with the terse, enthusiastic and scientific writings of Gould, will enjoy having under one cover many of his best contributions. The essays embraced in this volume should be read by every physician; they are a tonic, impart interest in our profession, enthusiasm in its cause, aims and purposes ,and like Oliver Twist, "we want more." They are good, have the flavor of the genuine article and bubble over with thoughts which medical men should think. Such writings are as important for the usefulness of medicine as are the exhaustive laboratory investigations; they impart enlivenment and interest in allied branches of social science as well as encourage devotion to the tenets of medicine handed down from the founders of the profession. We hope these studies will be read and digested by all followers of regular medicine.

THE NEWER REMEDIES.—A Reference Manual for Physicians, Pharmacists and Students. By Virgil Coblentz, A. M., F. C. S., etc., Professor of Pharmacy in N. Y. College of Pharmacy, etc. D. O. Haynes & Co., Publishers, New York, 1896. Price 50 cents.

The multiplication of new remedies is so rapid that frequent revisions are a necessity to any manual that aspires to the title of "newer." The present edition of this excellent work is an evidence of this necessity. We are proud to have received it. A reference manual on newer remedies is a necessity to the office of every well equipped physician, and we have seen nothing more capable of filling that need. It is up to date, and a reliable work in every respect. McKesson & Robbins of New York are distributing the present edition and will be pleased to send it, free of expense, to physicians who make application.

QUIZ COMPEND; DISEASES OF CHILDREN.—By M. P. Hatfield, A. M., M. D., Professor of Diseases of Children, Northwest University, Chicago. Philadelphia: P. Blackiston, Son, & Co., 1896.

This book is one of the best of its kind. It is concise, explicit and conservative. While not advocating some of the more modern methods of treatment, it nevertheless gives practical and safe instructions, which, for the student and inexperienced are perhaps best. He does not seem to enter very fully into the antitoxin treatment of diphtheria. Intubation does not receive much encouragement from his hands, when from all the medical centers of Europe, as well as in our own country, it is winning laurels daily. The literature on this subject was surely overlooked by him.

Again, infant feeding, which is now regarded as one of the most important subjects in pediatrics, is disposed of briefly. For a compend, however, the book fills its mission and it worthy of a wide distribution. F. P. N.

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Medical Melange

Infant Feeding.

There is no greater problem before physicians today than that of infant feeding. Involving as it does not only the theoretical knowledge of foods, their digestion, assimilation and tissue building qualities, but the constant surveillance and insistance of the correct rules of hygiene, by the physicians. Further, it requires some one with good common sense to attend to the practical application of this array of required knowledge. When it is remembered that fully ninety per cent of the infants requiring artificial feeding are found in homes where merely a tentative knowledge of this problem exists, it is not to be wondered at, that too often failure is the reward of the physician's best endeavors.

Text-book knowledge is all right and should be encouraged. Such works as Starr's Hygiene of the Nursery and similar works, should be in every mother's hands, but as physicians well know that classical cases are rare, so is it true with typical incidents of the infant feeding problem. You must have the practical along with the theoretical. The writer has profound respect for the eminently scientific work of Rotch of Boston, who has done so much toward putting infant feeding on a scientific basis, yet, he insists that there is an element of impracticability in it all—which is painfully presented to the physician engaged in practice outside of the cities, or even where his improvised home milk laboratory is used. This knowledge required by Rotch is the knowledge of the specialist and the young man in practice or even the established practitioner cannot with success institute it, because it is rare to find families who will have that implicit faith in it, when their next door neighbor has successfully and satisfactorily raised a child on some one of the reliable infant foods. Again, as long as the magazines, home journals, etc., publish pictures of healthy infants as an inducement to people to patronize their brand of food the physician has to prove that he can go this food one better, when he proposes to establish a laboratory in every house. This he cannot do and if he has the luck of many practitioners whom I know, he will find his laboratory supplanted by a food easily prepared some day, wholly on the recommendation of the good neighbor next door. There is no getting around the fact that skilled manufacturers of infant foods, have in their own laboratories facilities superior for the production of a reliable article of diet, than the average family. They know more of the detail of scientific knowledge required to produce such a food and are much more thorough, cleanly and judicious in their selection of reliable ingredients from which they evolve the food. Probably as satisfactory a test of infant feeding which a physician can have is in feeding a child in his own family—supervising the feeding of the infant from its birth to childhood and beyond, and when he has done this, then I will believe his practical knowledge is equal with his theoretical teachings. The writer has passed through this and its value has been great in his private practice, where he sees many infants and children.

Again, he has faced the food problem in hospital practice, among the insane, the nervous women and children, and he believes his practical knowledge has been sufficient to enable him to lend endorsement to reliable foods such as Malted Milk, Mellin's Food, Imperial Granum, Ridge's Food and others.

Especially does he rely upon Malted Milk in early infant feeding, believing it is one of the best substitutes for mother's milk we have. He has never encountered a case of scorbutus, or rickets where it has been used—nor has he failed to realize benefit from it when it has been judiciously given.

Knowing the reliability of the manufacture of this food, the hygienic care and management of its herds and stables, the writer feels he can endorse the milk used, as superior to 95 per cent of that in ordinary usage. As to its combination with cereals, etc., he knows it is scientifically done and makes, in his judgment a reliable food for infants and children.

After the early period of infancy, either the Malted Milk or Mellin's Food will prove very reliable. The Malted Milk has the advantage that the milk is already combined, and is pure. Mellin's Food is reliable, but the average milk to be used with it, which is dispensed by city dairies, where there is

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no official inspection, is not the choicest article of diet for an infant. But where pure milk can be obtained and it is used with Mellin's Food, a trustworthy substitute for mother's milk is secured.

The writer has used too, with much satisfaction the Peptogenic Milk-Powder (Fairchild's). It makes an easily assimilated "Humanized milk," but is open to the objection that a certain amount of skill is necessary in order to have each preparation of the food a success. This is not the fault of the powder, but of the variation of the cream proportions in the milk. The writer has seen the process followed with all care and caution, and yet be a failure because of this variation of percentage of cream. One must learn to test the cream and milk before they can depend on each combination of powder, milk, etc., being a success. When it is successfully compounded, it is a very wholesome preparation. Practical knowledge in its usage has proven to the writer its usefulness in poorly nourished children and in those delicate little creatures who seem to reject any and all diets.

Imperial Granum and Carnrick's Soluble Food are most excellent and reliable foods for the child after the first six or eight months. It is not well to use farinaceous foods until after the sixth month, for, unless prepared with milk their utility is very meagre indeed, and the presence of the cereals act as mechanical irritants, thereby interfering with the ordinary processes of nutrition.

The so-called Liebig's foods of which Malted Milk and Mellin's Food are the leading ones used, have evolved in the process by which they are manufactured, soluble albuminoid substances having a distinct food value of their own. We believe that these reliable foods are worthy of a physician's confidence, and our experience teaches us so. We also believe they should be mixed, as the artist did his colors, "with brains"—i. e.—the family using these foods should follow the physician's directions, and again the physician should investigate the source of failure, and we believe if he does so thoroughly, he will find it is not "the meat," but the "man who cooks the meat," who is at fault. F. P. N.

The Bicycle Seat.

Medical authorities are a unit in proclaiming the bicycle an important factor in the health of the community. Affording as it does a pleasant, uniform exercise, when used in moderation, it imparts to every muscle in the body an invigorating degree of activity. The profession is united, however, in deprecating the immoderate excessive exercise indulged in by the so-called "scorchers," especially if the saddle be not conformed to the anatomatical structure of the rider. The ordinary seat, as is well-known, does direct injury to the perineum and surrounding parts. In order to overcome these objections many new models have of late been introduced, among which we notice the "Bunker" is attracting the

most favorable attention. The illustration shows fairly well one of the styles of this seat. It is made of excellent material, and being pneumatic, provides a cool, easy saddle upon which one may ride for hours without feeling fatigued. The opening in the center provides free circulation of air, besides conforming to the anatomy of the rider, and removing the friction and pressure from the delicate parts. Full information and prices of this excellent seat may be obtained by addressing the manufacturers, the Bunker Saddle Co., 208 E. Lake St., Chicago.

The Journal of Medicine and Science follows the Medical Record in issuing a health resort number. The health resorts of New England furnish ample material for such an issue and we can only complain of the Journal's brevity. We would have appreciated a more detailed account. The Journal looks well in its holiday dress. Why shouldn't something of the kind be a permanent thing?

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The Medical Fortnightly

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HUBERT WORK, M. D., - - - - Associate Editor.
THOMAS A. HOPKINS, M. D., - - - Associate Editor.
CHARLES WOOD FASSETT, - Secretary and Business Manager.

A COSMOPOLITAN BIWEEKLY FOR THE GENERAL PRACTITIONER.

THE MEDICAL FORTNIGHTLY is devoted to the Progress of the Practice and Science of Medicine and Surgery. Its aim is to present topics of interest and importance to the General Practitioner, and to this end, in addition to a well selected corps of Department Editors, it has secured correspondents in the leading Medical centers of Europe and America. News of Societies, and of interesting medical topics cordially invited.

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Volume X. **OCTOBER FIRST.** **Number 7**

Editorial Department.

Dr. Fuerth and The Medical News.

THE *Medical News* in an admirable editorial, a few weeks ago, scored Dr. George F. Fuerth, of Detroit, because of his bold, unprofessional methods of introducing himself to the American profession. He sent out circular letters calling attention to his superior training, etc., methods, etc., in the practice of dermatology and surgery, and inviting consultations, etc. His circular was ambiguous, and called forth ridicule, as well as criticism. Now, Dr. Fuerth thinks he is a much abused man, and demands redress; this he hopes to secure by appealing to the medical press through a circular-letter, a copy of which is before us. We feel sorry for Dr. Fuerth if he made his bold plunge through ignorance, but judging from the tone of his reply to the *News*, which he wishes us to note, we think Dr. Fuerth knew better. He is getting a dose of medicine now which he deserves, and the only way he can better himself is by *doing better*. Why send broadcast a lot of circular-letters appealing to the medical press? Why "roast" the editor of the *Medical News*, and on the same page in a P. S. say, "Best references from patients treated with ——— apparatus given at request," if not for "business" purposes. Dr. Fuerth is an artful dodger who deserves all that the *Medical News* said, and should receive no favors from the medical press. F. P. N.

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Osteopaths not Entitled to Practice in Illinois.

BEING interested to know how Illinois stands regarding the Still-born school of medicine, we wrote the Secretary of the Illinois State Board of Health. His reply shows that a vigorous warfare will be waged against these quacks. Although pending the decision of the Appellate Court, we know the osteopath is making hay while the sun shines in that State. Dr. Scott's letter is as follows:

Springfield, Ill., Sept. 17, 1896.

DR. FRANK P. NORBURY,
Editor, THE MEDICAL FORTNIGHTLY, St. Louis, Mo.

Dear Doctor: Replying to your communication of recent date, with regard to the practice of osteopathy, permit me to state that the graduates of the American School of Osteopathy, of Kirksville, Mo., are not entitled to the certificate to practice medicine in this state. Suit brought against a Dr. Eastman, for so practicing, has been decided favorably to the Board, and is now pending on an appeal to the Apellate Court.

Very truly yours, J. W. SCOTT, M. D.,
Secretary Illinois State Board of Health.

The True Ring.

THE Beaumont Medical College of this city has won for itself noble praise and honor for the forcible and truly grand attitude which it took in the defence of higher medical education, when it recently refused to co-operate in the legal test of the requirements, demanded by the State Board of Health of students for entrance into the medical colleges of the State. The following extract from the letter of Dr. M. A. Goldstein has the true ring to it:

"I beg to state that you do not designate the client with whom you invite us to become associated in testing the legality of the mentioned regulation of the State Board. The regulations which demand of prospective students a reasonable literary education meets with the unqualified indorsement of our school. Were you to succeed in your efforts to thwart the State Board of Health you would drive from this State all students who may desire to practice in the neighboring commonwealths, because the diplomas of the schools which did not voluntarily comply with the regulations of those States—in which the same regulations, with but slight modifications, exist—would not entitle their holders to registration. Self-interest, therefore, induces us to decline participation in a lawsuit which, from the advice given us, will terminate in your defeat, and which, in our judgment, if it were successful, would redound to the discredit of our State."

It shows that this college considers the honor of the profession as of greater value than the paltry dollars which may come as tuition fees, from unqualified students. We give our hearty endorsement to this action of the Beaumont Medical College, and hope its stand may be followed by others. Say what you will there is an element of commercialism pervading the medical college atmosphere of St. Louis and until this noxious vapor is neutralized by direct action, outspoken condemnation and a bold stand for the rights, there will still linger about the medical halls, this deadly poison to medical progress—commercialism. F. P. N.

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The M. V. M. A. at St. Paul.

THE recent meeting of the Mississippi Valley Medical Association, at St. Paul, was eminently a success from every point of view. The attendance, while not as large as usual, was fair, and made up in enthusiasm what it lacked in numbers. All sections of the valley and tributary territory were represented, Chicago leading as to the size of its delegation, while St. Louis, as usual, claims the lead as to *quality*. The proceedings of the meeting, by our special reporter, will appear in detail in the FORTNIGHTLY.

The city of St. Paul proved herself second to none as a convention city. She entertained her guests in a royal style, nothing was left undone that could contribute to the comfort and enjoyment of the occasion. In this our grateful acknowledgments are due, not alone to the ladies and the local committee, but also to the management of her excellent hotels, the Aberdeen, the Ryan and the Windsor.

THOMAS HUNT STUCKY, M. D.

The nominating committee made a happy selection of officers, especially so in its choice of president, and the FORTNIGHTLY takes pride in being the first to present a photo. of Dr. Thomas Hunt Stucky, of Kentucky, than whom no worthier man, no more loyal physician can be named. The re-election of Dr. Loeb, as secretary, was a merited complimented to his efficient services the past year.

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THE PRESS BUREAU—AN INNOVATION.

It has become a recognized fact that the "exhibit hall" is one of the important features at all our medical gatherings. At the St. Paul meeting the exhibitors fairly excelled themselves, and the exhibit hall was the center of all business and social interests which played a most interesting part of the programme.

An innovation which was evidently greatly appreciated by the Association, was Fassett's Medical Press Bureau. This bureau represented some twenty-five of our leading medical journals, and by an intelligent representation and systematic sampling probably did more toward acquainting the doctors with our home journals than has ever been accomplished by any of the previous methods of representation. Mr. Fassett secured the choicest space in the exhibit hall, and in addition to the journals, which were indeed an attraction, furnished writing tables, stationery, a pretty stenographer, reference books and dictionaries, all of which were "as free as air," and made it the unanimous verdict that the Bureau idea was a happy one. We believe it has come to stay.

The "catalogue" was a handsome piece of printing, and being widely circulated, both among the doctors and advertisers, created an unusual amount of publicity for those journals fortunate enough to be represented within its pages.

DEATH OF MR. CHRISTIE.

We regret to learn of the death of Mr. James Christie, the affable, wholesouled representative of Fairchild Bros. & Foster, which occurred at Duluth, Minn., September 16. Mr. Christie was known to all the leading men in the profession in the Mississippi Valley, and his untimely death is greatly to be regretted. His good nature, frank, open friendship, and his many manly qualites endeared him to all with whom he came in contact. We extend our heartfelt sympathy and condolence to his bereaved parents, his brothers and sisters, and to his employers, who have lost a faithful and willing servant.

The sad news of Mr. Christie's death reached St. Paul during the session of the Mississippi Valley Medical Association, and appropriate resolutions were adopted at a special meeting of the exhibitors, expressing a unamimous sentiment of sympathy and fond remembrances.

We will reproduce his photograph and give a short biographical sketch in our next issue.

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DR. BRANSFORD LEWIS, founder of the MEDICAL FORTNIGHTLY, and one of its present editors, believing the prophet was wise when he said it was not well for man to live alone, has decided to bid good-bye to bachelor days, and will, on October 14th, take unto himself a wife. Miss Jennie Jaynes, of Sedalia, Mo., is the chosen one. The MEDICAL FORTNIGHTLY extends congratulations and best wishes. Dr. and Mrs. Lewis will take up their abode at 4146 West Morgan street, where a beautiful home has been prepared for their reception. They will be "at home" to their friends on Wednesdays, after November 15th.

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The Miraculous in Medicine.

THE earnest student of medicine sooner or later learns to appreciate the fact, that the old Greek proverb, "Miracles are only for the simple," is true. Medical experience is so full of the unusual, that the wise follower of true science learns not to be surprised at anything. It is the superficial ignoramus who sees miraculous results, and is either awed in their presence or claims, with puffed up conceit, that his superior knowledge is responsible for what has happened.

It is no credit, from a scientific standpoint, for a physician to claim miraculous results, in fact it is a lamentable weakness. It shows lack of training, superficial reading and study, and is too apt to go along with quackery where "the miraculous" is the stock in trade. Such men as Still, for instance, are examples of this lack of medical knowledge, of broadness in intellect, and depth in reasoning. The followers of such a leader as Still belong to the superficial class in society— men and women who do not reason, or if they do, they use about the same reasoning as does the educated pig when he performs for a clown. Who are the individuals with appended M. D. to their names who are endorsing Still, by crying out miraculous, but weak, timid men, silly old women, who never could reason, and are victims to a weak mental and nervous development. Because their miserable comprehension cannot allow them to solve results, they cry out miraculous!

One of these two-by-four M. D.'s in a recent number of the *Journal of Osteopathy*, has honored the MEDICAL FORTNIGHTLY with mention as "an obscure medical sheet," and goes on in hysterical enthusiasm to tell how he was cured of paralysis (hysterical) by Still. Here is an instance where ignorance is bliss, and it would be folly for the FORTNIGHTLY to be wise, in the presence of such a fool as Smith. Smith is like all ignorant individuals who look with awe upon the wonders of creation, while the man of science bows with grateful veneration to that Almighty Power that has harmonized the creation for our well being. Miracles do not exist in these days, and Still cannot pass as a prophet, even if Teddie dedicates poems to him, and says "his power is born of God." Teddie needs a little increase of cerebral gray matter, if he thinks such nonsense can go in this practical day and age.

The Journal of Osteopathy is but one blast of triumphs for Still and his disciples, all of whom are passing as magic healers. It also, in true quack style, blows blasts at the State Board of Health, for not recognizing their superior merit, and in shutting out this power born of God, and allow it to go out unmolested to cure the sick, the blind, the lame and the halt. Strange, is'nt it, that the blessings of good health to mankind are thus shut out, and the weak followers of true science have the field? Quacks may come and quacks may go, but true science goes on forever. "Miracles are only for the simple."

F. P. N.

CALLED DOWN.—One of Chicago's "sun-down" medical colleges— "The Harvey"—is again in hot water. This time they have presumed to place Prof. Edwin Klebs, the noted pathologist, on their faculty, and issued announcement to this effect, without his authority. Prof. Klebs has notified them to call in all of these announcements under penalty of legal prosecution.

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The Medical Fortnightly

London Letter.

[SPECIAL CORRESPONDENCE OF THE MEDICAL FORTNIGHTLY.]

British Medical Association Meeting.

Portraits are from latest photographs, engraved expressly for this magazine

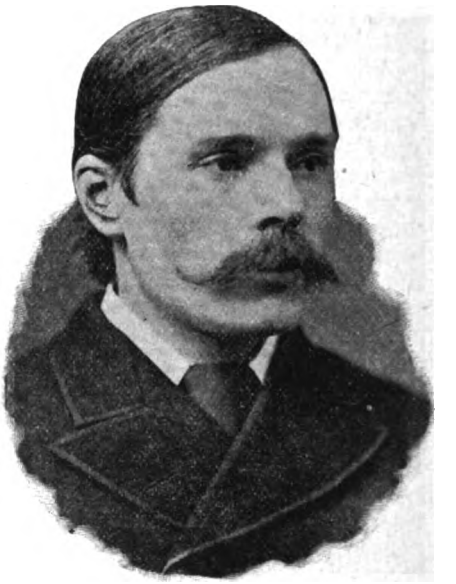
I hope in this letter to practically finish the account of the British Medical Association Meeting. It is impossible of course to do more than touch the fringe of the subject considering the number of papers read.

Dr. MacIntyre gave an "X-Ray Demonstration" in the Section of Surgery, dealing with the methods employed and showing a number of specimens. Photographs of the usual bony and metallic structures were shown, as well as many soft parts—the heart, diaphragm and liver in health and disease.

Dr. Morrison contributed a paper on "Two cases of Jacksonian Epilepsy treated by Operation." The first case was that of a young man with fits of increasing severity. The skull was opened and two ounces of serous fluid removed from the sub-arachnoid space, recovery being complete. In the second case fits commenced two days after a severe blow on the head. The skull was trephined and a fissured fracture discovered with blood-clot underneath. This was removed and the patient made a good recovery. A new method was described for defining the fissure of Rolando.

Dr. Kenwood read a paper on the disinfection of rooms by sulphurous acid gas. His method is to charge the air of the room for six to eight hours with about 1 per cent of sulphurous acid gas by burning 1 pound of sulphur to every 1,000 cubic feet of space. All moveable articles are removed and subjected to steam-disinfection wherever possible. Diphtheria bacilli were placed on wool swabs and pieces of lint and exposed to the disinfecting atmosphere. It was found that when the gas was present in amount exceeding ½ per cent, the bacilli were killed; when in only ¼ per cent they were distinctly inhibited but not killed. Dr. Kenwood concluded therefore that while all articles which could be moved should be disinfected with steam, fumigation of rooms with sulphurous acid gas evolved from burning sulphur was of real service. He much preferred burning sulphur to the compressed gas.

Dr. Haldane in the Pathology Section, made a few remarks on coal gas poisoning. The result of his experiments showed that the toxic action of coal gas was entirely due to the carbonic oxide in it. Reference was made



H. T. BUTLIN,
Treasurer British Medical Association.

to the extremely poisonous nature of the mixture of coal gas and water gas now supplied for lighting purposes in many towns.

In this section a discussion on "The Morbid Conditions Dependent on the Presence of Streptococci" was introduced by Dr. Sirus Woodhead.

In Public Medicine there was an important discussion on the "Increase of

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Cancer." Making all allowances for improved diagnosis, increased longevity and the like, the startling result was arrived at that the mortality from cancer in 1894 was nearly six-fold what it was in 1840.

In the Section of Psychology Dr. Oswald contributed a paper on "The Use of Sedatives and Hypnotics." He regretted that so little attention was paid to the means of inducing natural sleep by rooms specially arranged and fitted up. The principal symptom calling for the use of a hypnotic was failure of strength, so long as this was fairly maintained and nourishment freely taken the patient got on very well with little sleep. Paraldehyde was a safe and speedy hypnotic, but in the mania of epilepsy and in chronic and recurrent mania, chloral and potassium bromide, combined with cannabis indica or hyoscyamus, were to be preferred. The use of conium and digitalis was much neglected and opium was of greater value than generally believed; morphine and hyoscine were less useful and required careful watching. Salphonal was a powerful hypnotic but must be used with care in acute cases.

In this section there was also a discussion on "The General Paralytic, his Practical Management and Treatment." Dr. Clouston considered that during the stage of excitement the best treatment was strict seclusion and large doses of sulphonal while Dr. Mickel thought that it was not well to reduce the excitement and gave only sodium iodide. Attention was called to the increase in the number of patients coming under observation and to the infrequency of the disease in Ireland.

In the Section of Ophthalmology Dr. Mackay read a paper on "The Treatment of Corneal Opacities by Electrolysis." He used a current of ¼ to ½ milliampere with a pressure of 3 volts; the anode was placed on the cheek of the opposite side, while the kathode, which consists of a smooth silver probe, was gently moved over the surface of the nebula the whole time. The current must never exceed ½ milliampere. The improvement under electrolysis was marked even in old-standing cases which had been treated with stimulating ointments without success.

In the section of Diseases of Children an instructive paper on the "Elements of Success and Failure in Tracheotomy in Children," was contributed by Dr. Hector Cameron, who confined his remarks to tracheotomy for asphyxia in diphtheria. The first point was not to delay the operation too long. The various difficulties met with during the operation were then dealt with. To avoid hemorrhage keep strictly to the middle line and get the tracheal rings bare before opening the wind-pipe. Stop bleeding as far as possible before opening the trachea. Secondary hemorrhage could be caused by ulceration into the innominate vein by the end of the tube. Subcutaneous emphysema was generally due to faulty operation, opening up the loose tissues of the neck. The tube is introduced and the child stops breathing, what has happened? Either it has been pushed in between the rings of the trachea and the layer of membrane or it has pushed the stripped off membrane into the trachea. The extension of membrane to the bronchi is the greatest danger after tracheotomy.

In my next I shall hope to give a brief account of the International Congress of Dermatology, held this year in London, with perhaps a few portraits of the notables, with our editor's permission.

RICHARD T. HEWLETT.

PRINCE BISMARCK, M. D.

On the occasion of the twentieth anniversary on July 16th of the opening of the Imperial Office of Health, the faculty of the University of Jena conferred upon Prince Bismarck the honorary degree of M. D.

THE QUACK AND THE PRESS.

The Fort Dodge (Iowa) Post has come out openly and refuses to accept quack advertisements in its columns. It should be supported in every way by the profession in that part of the state, and it is to be hoped that this bold step will be followed by other journals, until the quack is extinguished. For, without the press, the quack could not exist.

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The Reviewer's Table.

Books, pamphlets, instruments, etc., for this department, should be sent to the Managing Editor, Saint Louis.

FOURTEENTH EDITION OF GRAY'S ANATOMY.—Lea Brothers & Company, Philadelphia, announce the publication of a revised addition of Gray's Anatomy.

In this edition every page has received the careful scrutiny of a corps of eminent American anatomists, and such changes have been made as are necessary to represent the advances in anatomical knowledge and in methods of teaching since the recent issuance of the thirteenth edition. The section on the brain, spinal cord, and viscera have been entirely rewritten and the new matter added throughout will increase the work by about seventy-five pages.

No less important is the addition of about one hundred and thirty-five new and handsome engravings, enriching and completing the unrivaled series of illustrations which have always formed a distinguishing feature of this work. As heretofore distinctive colors have been used to give greater prominence to the attachments of muscles and to veins, arteries and nerves.

In the mechanical execution no effort has been spared to render the revision worthy of a continuation of the reputation won by "Gray" during the past forty years as "the foremost of all medical text-books." The price will be retained at the previous reasonable figure.

PRACTICAL POINTS IN NURSING FOR NURSES IN PRIVATE PRACTICE.—With an Appendix containing Rules for Feeding the Sick; Recipes for Invalid Fools and Beverages; Weights and Measures; Dose List; and a full Glossary of Medical Terms and Nursing Treatment. By Emily A. M. Stoney, Superintendent of Training School for Nurses, Carney Hospital, South Boston, Mass. Illustrated with 73 engravings in the text and 9 colored and half tone plates. Philadelphia: W. B. Saunders, 1890. Price $1.75, net.

The author of this book is to be congratulated for having gotten up a work that is practical in every respect. While reading it we were impressed with the fact that it would be valuable not only to the nurse, but also to the physician who is directing the nurse, for it contains, besides directions for caring for the sick, explicit directions which enable the nurse to improvise everything needful to the sick room; in this respect it would be a valuable work for the physician, whose ingenuity is not exceptional. The text has been developed under the following heads:

I. The Nurse; Her Responsibilities, Qualification, Equipment, etc.

II. The Sick-room; Its Selection, Preparation and Management.

III. The Patient; Duties of the Nurse in Surgical, Medical, Obstetric and Gynecological Cases.

IV. Nursing in Accidents and Emergencies.

V. Nursing in Special Medical Cases.

VI. Nursing Sick Children.

VII. Physiology and Anatomy.

The work is intended to supplement a course in some good training school, and it is admirably adapted to its purpose.

THE MULTUM IN PARVO REFERENCE AND DOSE BOOK.—By C. Henri Leonard, M. A., M. D., Professor of the Medical and Surgical Diseases of Women, Detroit College of Medicine. Flexible leather, 143 pages, price 75 cents. Detroit, 1896: The Illustrated Medical Journal Co., Publishers.

This is a recent edition of the Dose Book, of which the title page informs us some forty thousand copies have been issued. The present edition is printed on very thin paper, and is bound in red leather, round corners, so as to make it specially light and handy for the pocket; the weight is not two and a half ounces. Besides the doses of some 3,500 preparations being given, it has numerous tables, such as the solubility of chemicals, pronunciation of medical proper names, poisons and their antidotes, incompatibles, tests for urinary deposits, abbreviations, tables of fees, etc. It will be found a handy pocket companion.

This is a very handsomely gotten up little book, and will be found a very serviceable companion. It contains a great amount of information in regard to medicines, dosage tests, therapeutic indications, etc., etc., and all accurately and tersely put. It is a good thing to have in your inside pocket.

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Original Department.

PAPERS for the Original department should be in hand one month in advance, and contributed to THE MEDICAL FORTNIGHTLY exclusively. A liberal number of extra copies will be furnished authors, and reprints may be obtained at reasonable rates, if request accompanies the manuscript. Engravings from photographs furnished free.

☞Signature of contributor, for reproduction, should be sent with every article, on a separate slip; use heavy ink, and allow autograph to dry without applying blotter.

Address all communications to the Managing Editor, 911 Union Trust Building, Saint Louis.

Clinical Lecture

Delivered at the Ricord Hospital.

The Iodide of Potassium in the Treatment of Syphilis.

BY CHARLES MAURIAC, M. D.,

PARIS, FRANCE,

Physician to Hospital Ricord.

TRANSLATED BY DR. THOMAS LINN FOR THE MEDICAL FORTNIGHTLY.

GENTLEMEN:—As long as we are unaware of the precise action of certain drugs upon the life of human cells and the changes they cause in them, we must depend either upon somewhat uncertain experiments or chance to find out their usefulness in curing disease. We seem to have only an empiric method of therapeutics to work with after all these years of experimentation, and we only find out a specific drug by a series of intellectual efforts and complicated calculations, something like the astronomers who arrive at the correct position of a star in the sideral system after years of patient effort.

Up to the present day no biological law in physics or chemistry, allows us to affirm, in advance, that any one inorganic or organic substance introduced by any particular method into the organism will assist materially in the restoration of vitality that has been compromised by disease. Indeed, we can truly say that it is always some happy inspiration or ingenious study of the action of the different drugs, with some lucky accident and perseverance in experiment, that has led to the discovery of the specifics now known. But we must not by these pessimistic reflections diminish in any way the glory of those men who discovered, by any means, the really wonderful specific remedies we have in therapeutics.

It was Wallace, of Dublin, that first found out the syphilotherapeutic properties of iodide of potassium, and his name should always occupy an honored place in its history. Wallace commenced to experiment in the use of potassium iodide in 1832, and in 1836 he published in the *Lancet* the astonishing results of its use in syphilis.

Before his time they had thought of using the iodide of mercury, for Biett, in 1821, tried it to combat syphilides at the St. Louis Hospital in Paris, and after him Cullerier and Lugol; but these physicians thought that the iodide of mercury was only of use to cure the "scrotula," which they thought at the base of syphilitic disease, so that these attempts do not in any way take anything from the originality of Wallace's discovery.

It was Ricord who next took the question up and began a series of vast experiments with iodide of potassium in this hospital and others. By his

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lessons and efforts the drug soon became known all over the world, and he it was who first proved its efficacy in the tertiary period. In Wallace's time only the external manifestations of this period were known, and as modern research found out these symptoms, more and more the iodide was used for them. One curious point about this drug is, that it is not like so many of the others that are supposed to have very wonderful properties at first, and after a little time fall into disuse. This drug has always held its place, and it retains today as good, if not better, position in therapeutics than when it was first introduced.

This white salt is found in large cubic shaped pieces in the druggists' shops, and it is without smell, but with a sharp, disagreeable taste. It is very soluble in water and less so in alcohol. It is very rapidly absorbed in the organism, and passes into the cells so quickly, that when taken by the mouth it is found in the urine in twenty minutes afterwards. It is eliminated by all the organs of the body, and this proves how general its impregnation is. It presence has been shown in the tears, sweat, saliva, milk, and even in the urine of children whose nurses are taking the drug.

Does this great diffusibility have any action in curing the diseases it cures? This is not known as yet, and we advise that you do not try to imagine that there is a sort of purification of the system under its use, as some authors have taught, for we really know nothing about it. What we are sure of is that in tertiary accidents of syphilis it is as pure a specific as we have in medicine. It will cure neuralgias, headaches, osteo-periostic pains. It will melt gummata, cicatrise ulcerations, both of the skin and mucous membranes. In fact it will repair the most profound lesions of syphilis.

How may times have we not been astonished by the cure of the worst and most desperate cases which we thought malignant and incurable. The iodide of potassium has the great advantage of being less toxic than mercury, and it cures without doing any harm to the organism like the last drug. Outside of a few troubles, that we all speak of, it is generally well tolerated, and we are not constantly on the alert as we are when we are giving mercury.

Is it necessary to refute the old idea that the iodide only acts by liberating the mercury that is encapsuled in the system? Certain old syphiliographers thought that it dissolved the mercury and allowed it to circulate again in the system, and that of course it was needed to first of all give a mercurial treatment, but daily practice shows that this is a strange and impossible doctrine. The iodide owes its powers only in its own special action, which it gives in those in whom mercury has never been used just as well, if not better, than in those who have taken mercury.

Its application is not circumscribed to the tertiary period at all, for in primitive as well as secondary syphilis, are seen cases that it can be used in to advantage. For instance, it is indicated in the primary accident itself when there is a sclerosis of the chancre that resembles a gumma, and also when it is ulcerous, and the more so when phagedenic. Also in all the constitutional troubles of the secondary period, and in initial cachexia it is efficacious and quick in its action.

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The dose of iodide of potassium is a most variable one, more so than any other agent we have, which proves the relative inocuity. Some will give it in 30 to 50 centigrammes per day, never going over one gramme in all, while others give 20, 30 and 40 grammes a day; one of the Midi Hospital doctors gave 75 grammes a day. But today the proper dose is known, and outside of the difference in sex and age, we are now inclined to believe that two grammes for men and one for women ought to be the minimum dose in syphilis. If we give less in a day we are not getting proper therapeutic results, and more may do harm. It is curious that smaller doses than this one makes as much, if not more, physiological trouble than it does; and beyond a certain, double or triple, dose the effects remain stationary, so that a maximum dose of 8 to 12 grammes is the most that should be given, even in the most serious cases. A good method of preventing accumulation in the system is to interrupt the treatment for a week, from time to time.

Iodide of potassium should be given by the mouth; the only other method is per rectal enæma, and it is not a good one, three or four grammes are used with a few drops of laudanum, and the usual enæma is given first of all to clean out the rectum. As to the hypodermic method it should not be thought of, unless in cases of the greatest gravity, because it gives rise to abscesses, and it is not possible to inject enough by this means.

So that is the method of choice, the stomach must be made to tolerate the drug by largely diluting it, and it is best given in solution; indeed pills and capsules never retain the exact dose, owing to the iodide being deliquescent. Our usual formula is one containing a gramme to ten of excipient. Distilled water 200 grammes and iodide of potassium 20 grammes. In this two teaspoonfuls or a dessertspoonful contains one gramme. This we advise to be taken in a half glass of milk, which we find to be the best vehicle. The different syrups may be used, or any liquid that the patient prefers, but the milk is the best. It should not be given while fasting, but just as the meals are to be taken; some patients take it at dessert, with a little liquor or wine. The point is to prevent its contact with the mucous membrane of the stomach as much as possible.

FOR years the medical profession of Jacksonville, Ill., has had to suffer the lack of hospital facilities, even though there was a hospital in their midst. This hospital (Passavant) has been and is dominated over by "the one-man power"—this physician with inexorable fury (metaphorically), placed over the hospital entrance, "Ye who enter here, leave your physician behind." The result has been a monopoly by the one man of the hospital cases, where circumstance and influence could control them. Now, through the generosity of the late Charles L. Routt, the Sisters of the Holy Cross, who have a most excellent and thorough hospital sisterhood, will shortly open a very complete and up-to-date hospital, to which the extire profession may have welcome access. That it will do good and noble work is self-evident.

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The Medical Fortnightly

On Extirpation of the Rectum; A Case.

BY CHARLES C. ALLISON, M. D.,

OMAHA, NEB.

Professor of Surgical Anatomy, Rectal and Genito-Urinary Surgery, Omaha Medical College: Surgeon to the Presbyterian Hospital, etc.. etc.

THE care of malignant disease of the rectum has ever been an unsatisfactory chapter in the experience of the surgeon. The use of caustics, while sometimes applicable to growths of the surface, cannot be considered in the treatment of internal cancer. Various extirpative methods have been suggested; the careful invasion of the pelvis from below, offering most room for surgical exploration and the complete excision of malignant disease in selected cases. The messial incision of Kraske, which extends from the second sacral vertebra to the external sphincter, and separates the attachments of the glutins moximus, and sacral ligaments, excises the coccyx and side of the sacrum, thus exposing the rectum which may be freed by the fingers and blunt dissection from below upwards, until the entire rectum may be withdrawn through this posterior opening, clamps applied above the disease, with the removal of the growth, is the typical operation. Houstin says in the *Dublin Journal Med. Sciences*, 1895: "Avoid, if possible, the peritoneal cavity." This counsel is good, yet in the male, the peritoneum comes within three inches of the internal sphincter anteriorily, and four inches posteriorily; while in the female it reaches within two inches of this muscle at the nearest point. This advice would, therefore, unduly contract the limitations of this procedure. Hence when the peritoneum is necessarily opened it should be closed with gut and subsequent careful packing of gauze made about the womb to maintain rest. Frequently the lower portion of the rectum is not involved, in which case the attachment of the levator and sphincter muscles to the rectum need not be disturbed, and the upper segment can then usually be carried through the sphincters stitched, and the anal orifice maintained at its normal site. When this is possible, our main care will be to save the nutrition of the newly located upper part of the rectum, and to this end the middle hemorrhoidal vessel should be preserved, and the gut lumen should be stitched to the recto-vesical fascia, and very gentle packing of gauze employed in the sacro-coccycgial excavation. When the lower part of the bowel is involved its complete removal may be followed by the establishment of an artificial outlet at the end of the sacrum and continuance maintained by twisting the bowel upon itself (Gerster's method), and by the support afforded by nature's repair.

Vanderlenden and Dr. Breck each report a case, *La Flander Med.*, November 7, 1895, one successful at six, the other at eight months.

It is plain that extensive adhesions to the surrounding pelvic viscera with involvement of entire upper segment of the rectum contraindicate attempts towards extirpation, but very satisfactory relief and comfort may be brought to these cases by coliotomy. My own observations of this

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radical procedure are limited to one case which presented early in April, 1895. A well defined growth occupied the lumen of the middle portion of the gut; it was adherent posteriorily to the para rectal tissue; the index finger could with effort define the upper margin. The patient, a male at 30, had noticed bleeding for three months, and radiating pain. Carcinoma was diagnosed and extirpation advised and submitted to. Recovery from the operation above described was smooth, and at thirteen months the patient is free from trouble, has continence of bowels and suffers from no sequelæ. Microscopic examination confirmed the diagnosis. It would seem clear that conservative surgery properly interpreted would demand operative steps when the malignant growth is not attached to bladder or surrounding visceral organs; and when it does not involve the entire upper segment of the rectum. After the removal, should suspicious tissue remain, the use of Coley's combined toxines may wisely be recommended, because carcinomatous growths (*N. Y. Med. Rec.*, February, 1895), as well as sarcoma, have been benefited by this treatment.

DEATH OF DR. HODGEN.—By the death of Dr. Harry Hodgen the St. Louis profession loses another of its strong men. Dr. Hodgen died at the Alma (Mich.) Sanitarium, on August 29th. The doctor left St. Louis some weeks ago, being well nigh prostrate by overwork. A fatal outcome of his indisposition was not anticipated, and his death was a great shock to his many friends, who were expecting his early return in renewed health and strength. Dr. Hodgen comes of a family eminent in medicine and surgery; he was a son of the great surgeon, Dr. John T. Hodgen, and a cousin of Drs. H. H. and H. G. Mudd of this city. Professionally, socially and in educational circles he was a man of prominence. He held the chair of Orthopedic Surgery in the St. Louis Medical College, from which institution he graduated in 1883. Dr. Hodgen leaves a wife, a daughter, a son, and a wide circle of admiring friends, to all of whom the doctor's death is the cause of profoundest and lasting sorrow.

We have received for publication soon, a paper on "The Early Stages of Paretic Dementia," by Dr. Frank C. Hoyt, of Clarinda, Iowa, one of our esteemed co-editors, whose contributions are familiar to FORTNIGHTLY readers. This subject is one of great practical importance to physicians in general practice, inasmuch as they are the ones who see this grave disease in its incipiency. We are pleased to publish it for it will reach many readers who will be benefited. We endorse the publication in the general medical journals of such papers, for the general practitioner rarely sees the special journals in mental and nervous diseases. The FORTNIGHTLY'S aim is to benefit its readers and we hope to have more such papers.

THE annual meeting of the New York State Association of Railway Surgeons. under the presidency of L. S. Parkhill, of Hornellsville, will be held on November 17th, 1896, at the Academy of Medicine, New York City. C. B. Herrick, Troy, N. Y., Secretary.

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Society Proceedings.

MISSISSIPPI VALLEY MEDICAL ASSOCIATION.

Twenty-Second Annual Meeting, St. Paul, September 15—18, 1896.

[STENOGRAPHICALLY REPORTED FOR THE MEDICAL FORTNIGHTLY]

The association convened in the senate chamber at the Capitol. Dr. C. A. Wheaton, chairman committee of arrangements, called the meeting to order. Most Rev. John Ireland, D. D., offered prayer. On behalf of the state of Minnesota Governor D. M. Clough gave an address of welcome. The physicians were welcomed on behalf of the city by Mayor F. B. Doran. He referred to the city's reputation as a host, won by the magnificent record of the recent encampment, and that upon that occasion St. Paul had welcomed the men who had preserved the nation, and now were happy to welcome the men who preserved the bodies of the nation's defenders. Dr. A. J. Stone spoke for the profession in St. Paul in extending a welcome to the visitors. "We owe much of our delight in anticipating your visit here to the ladies, and we want you all to place your wives, mothers and daughters in the hands of ours at the Kittson residence, so that aside from the scientific labors of the occasion there will be social pleasures for the ladies and gentlemen from abroad."

PRESIDENT'S ADDRESS.

DR. WHEATON presented the president of the association, DR. HENRY O. WALKER, Detroit, who delivered the "President's Address." He said in part, the path thus far has been strewn with roses and I hope it will so continue to the end. I have found it difficult to secure a subject which has not been thoroughly threshed over and over again. I have therefore departed from the usual course and will offer some suggestions in a purely scientific vein by reporting three cases, in which four operations were done, representing nearly all the operative procedures now done upon the kidney.

CASE I. Saculated kidney with suppuration and nephrolithiasis, and nephro-lithotomy and subsequent nephrectomy. August 4, 1896, J. R., age 29, was referred to me for operation, with a history of severe pain in the left kidney twenty years previously. These attacks recurred at intervals of one to three months. This continued with increasing severity until three months before I saw him, when it became constant. There was sediment in the urine for nearly fifteen years. Examination of urine showed pus in quantity, blood at times, but no casts. He presented a marked emaciation, rapid pulse, temperature 99.6; percussion revealed well marked dullness on the left side. I had, however, suspicion of trouble in the right kidney, therefore the character of the operation to be done must be in conformity with that suspicion. The wound has nearly healed, appetite good and he walks about the hospital. There is yet some pus in the urine; I here present you with the kidney together with the calculi removed.

CASE II. Tubercular kidney and nuclein treatment. The diagnosis was disease of the right kidney. Microscopical examination failed to reveal bacilli, but contained large quantities of pus and epithelium. A nephrotomy was done August 16, 1896. It is not always possible to determine the true character of secretions and excretions from important organs even by careful microscopical examinations. Clinical impressions are most important. The nuclein treatment was instituted with marked improvement until she left the hospital September 9th.

CASE III. Movable kidney—fixation by a modification. Chronic constipation, flatulence, indigestion, supraorbital neuralgia and pain in the right hypochondriac and lumbar regions. A freely movable tumor in the right hypochondriac region. My experience in fixation of movable kidney has been most satisfactory. The kidney was placed in its proper position and the capsule divided for a distance of three inches on its convexity, using care not to wound the cortical substance. The capsule was then separated from the

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kidney for one inch entirely around the cut and by interrupted catgut sutures. The cut edges were fastened to the fascia and muscle, so that when the suturing was complete there was a solidity of fixation of the kidney. I do not use the deep suture through the substance of the kidney. The simplicity of the method commends itself both as to safety and a greater probability of permanent good results. The most practical route to the kidney is anteriorly. The selection of the lumbar route is largely by precedent. A nephrectomy for tubercular kidney is not always practicable. Fixation of a movable kidney is best done by stitching its reflected capsule to the muscles.

The reports of the secretary and treasurer were read and accepted.

The report of the committee appointed on Preservation of the Transactions was received from Dr. Coulter and the matter referred to the executive committee.

A NEW OPERATION FOR CLEFT PALATE,

was read by DR. TRUMAN W. BROPHY, Chicago. He took the ground that the operation should be performed much earlier than has been the custom of surgeons heretofore. It has usually not been thought advisable to operate for the closure of cleft palate until the child has reached the age of two to five years. He maintains that when the operation was thus postponed the changes in the voice had become permanent, and a repair of the cleft at that time would not react favorably in the voice production. His operation consisted in freshening the edges of the cleft, then by deep suture of silver wire fixed through a lead plate, conforming to the palate, the edges of the cleft are thus drawn together and so maintained until healing takes place. The technique of the operation was minutely explained. It was original with the author and in his experience has proven most effectual.

DR. W. F. DALEY, of Pittsburg, in discussing the paper complimented the author in presenting a method so markedly rolginal and in advance of modern surgery. Dr. Daly said that this method does away with all the objections to the old operations. "We all know that in some cases we were compelled to operate four or five times, and then consider ourselves fortunate if we succeeded in getting a perfect result. Even in these cases the result was never perfect inasmuch as we could not at that late date teach our patients a perfect speech.

THE PSYCHO-NEURAL FACTOR IN CLINICAL MEDICINE,

By DR. C. H. HUGHES, St. Louis, Mo.

The physician must consider the whole mechanism of the system when treating any one part. Some parts of the body influence the whole less or more, than others. The surgeon must consider the susceptibility, predisposition, powers of resistance, recuperative powers and natural courage of the patient in determining as to the prognosis or operation. In any case the nervous system is either for or against him. Painful ovaries, neuralgic, congested or inflamed, are not necessarily to be cut out; but to be cured by neurological treatment. The surgeons are beginning to recognize only those symptoms which come under their own legitimate sphere. He must have a wide neurological and psychiatrical knowledge if he would avoid fatal mistakes. Much can be done in improving the case often by tranquilizing neurological treatment. In fatal surgical results the reputation of the operating surgeon often suffers because of overlooked neurological conditions which are at fault. Hope is itself a bouyant medicine; and faith in the physician or surgeon is a therapeutic power that should never be shattered by us.

DR. BUCKNER, of Cincinnati: This paper is evidently the result of experience. A good surgeon must be hopeful, calm and at all times careful to avoid anything disturbing to the patient already fearful of the prospects of an operation. I am very certain it requires but little observation for the good physician and surgeon to realize how important it is to be careful of every expression, act, and word in the sick room. The paper is one such as we rarely listen to and I want to compliment the author.

DR. PARKER, of Cleveland: I agree with the writer, as a physician, who is

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doing some such work. But even with the aid of the neurologist we are unable at times to make a diagnosis; and indeed, there are many things in neurology that are not yet settled. I think the stress the doctor has laid upon intimidation of the patient is all right. I think it highly desirable to anaesthetize the patient in another room. We know the disadvantages of this as surgeons, but I am satisfied the advantages are very much greater. I wish the picture the doctor has painted might be the one followed in all our hospital work.

DR. HUGHES, in closing: I had no intention to cast reflections on the good surgeons. We all know there has been vast improvement in the technique of the operating room. We know that the patient has been more of a consideration in the last few years and the surroundings have been correspondingly changed. The American surgeons today are achieving results which are utterly impossible without this psychoneural factor and assistance. There are schools of American surgeons who have placed American surgery before the world. It will not be long before the world will come to us for examples of the best surgery.

DR. HUGH T. PATRICK, of Chicago, read a paper on

TRUNK ANESTHESIA IN LOCOMOTOR ATAXIA.

In substance he said, in nearly all cases of tabes dorsalis there is a band of anesthesia about the trunk at the level of the nipple. It is, early in the disease, very narrow or even incomplete, or may be represented by a zone in which the localization of touches is not normally accurate. The sensory blunting on the leg, so frequent in tabes, is generally an analgesia. The trunk anesthesia is essentially tactile and the pain sense may be quite normal. The band of anesthesia does not correspond to the cutaneous distribution of the intercostal nerves, but to the nerve fibres arising from adjoining segments of the spinal cord. In some cases there are two distinct zones of anesthesia, indicating simultaneous involvement of spinal segments at some distance from each other. The borders are inconstant, ordinarily retract on continued testing and vary in position with the method of examination. The same band of anesthesia may occur in syphilitic pseudo-tabes, as shown by an illustrative case, as far as known, the only one on record. The patient presented nearly all the symptoms of locomotor ataxia, including a wide band of trunk anesthesia, but a diagnosis of syphilitic disease of the cord was made and under an active specific treatment he made an almost perfect recovery.

The principal characteristics of the symptoms were illustrated by numerous diagrams and photographs.

DR. HUGHES, in discussing the paper said: It is not surprising that these peculiar areas of anesthesia should be found in locomotor-ataxia; considering that the entire symptom complex of the disease is due to disturbance of the sensory mechanism. I have asked the doctor whether any of his patients were women, and if so, how many. For I have long taught that organic disease may give expression to a latent hysteria, causing a combination of the two diseases. In locomotor ataxia we may have not only anesthesia and analgesia, but also hyperesthesia and hyperalgesia.

DR. GUSTAVUS BLECH, of Detroit, read a paper on the

"TREATMENT OF SOME INFLAMMATORY DISEASES OF THE GASTRO-INTESTINAL TRACT."

He said that the treatment of catarrh of the stomach and other similar inflammatory conditions of the same, as it is practiced today by most medical men, meets with failure because the treatment is directed against the symptoms and not against the cause of the disease. All the usual remedies may improve one or the other symptoms for a limited time, but the etiological morbid condition still remaining the symptoms necessarily will appear again. The treatment is directed against the inflammation itself. He prescribes hydrozone, well diluted in water, at least a quarter of an hour before each meal. The oxygen which then develops, kills the germs, cleanses the membrane of the wall of the stomach without injuring the animal cells. It is an efficient and powerful, yet still bland and innocent remedy. The doctor then explained the cure of a case of gastric

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ulcer with the above treatment. He has seen the most stubborn cases recover, and hence he believes the treatment will heal ulcers of the stomach.

DR. DALEY, of Pittsburg, deprecated the very general use of such remedies unless a very careful and discriminating diagnosis had been made. Most of these cases are due largely to the formation of toxines.

DR. C. H. HUGHES, of St. Louis, said that few physicians recognize the importance of the pneumogastric nerve in gastritis.

DR. F. F. LAWRENCE suggested that gastritis was sometimes due to gall stones.

DR. PATRICK, of Chicago, was sorry that he could not agree with the author; but he could not until it was explained which variety of inflammatory condition in the stomach was referred to. Gastritis is too comprehensive a term. When a cure is proposed we must know what form of gastritis we have to deal with.

DR. I. A. ABT, Chicago, in his remarks, said: "The diseases of the stomach cannot be grouped together as gastritis. Many of these conditions are due to toxins found in the gastro-intestinal tract. We cannot always make a positive diagnosis at once, but by experiment only can we arrive at definite conclusions. Any one remedy cannot and will not answer for all cases. Few writers deem lavage as of more importance than a diagnostic measure."

DR. LARRABEE, of Louisville, had this to say: Almost any condition found in the stomach may come from the causes mentioned by those who have spoken, but I am convinced that the portal circulation is a most important factor in these cases; and one, too, which is often overlooked. Exercise is of paramount importance, in all cases of chronic gastritis. In arresting putrefactive changes in the stomach glycozone has proven in my hands most excellent, but do not neglect to stimulate the liver when indicated.

The paper was further discussed by DR. CALDWELL of Freeport, Ill., and closed by the author.

DR. PAUL PAQUIN, of St. Louis, read a paper entitled:

"THE TREATMENT OF EXPERIMENTAL TUBERCULOSIS IN ANIMALS BY THE USE OF BLOOD SERUM."

The use of antitoxin goes back to the active principle underlying immunization, an agent which is itself curative to a certain degree.

Tuberculin is, to a degree, capable of modifying certain forms of tuberculosis. The inconvenience resulting is chiefly in the more or less severe reaction following. It is now claimed that tuberculin may be made with this poisonous principle eliminated.

Experiments in guinea pigs unfortunately do not give the same results that they do in the human subject. Furthermore, the experience of investigations with the serum therapy treatment of tuberculosis varies greatly in different cases. They all, however, demand of any treatment absolute cure of the tuberculosis when used in the human. We have been busy with all possible and varied forms of experimentation in the smaller animals; but we are not always able to properly interpret the results of any given form of treatment and then make an exact application of those principles to man as a reliable guide.

In guinea pigs inoculated with tuberculosis and then treated with serum 10 per cent were saved. Later results show very much higher percentage than this, from 25 per cent to 55 is favorable. In the human 226 cases showed about 60 per cent favorable with 40 recoveries and 120 improved. Antitubercle serum is positively curative in many cases; it has passed the experimental stage, but yet we know it is not perfect. From my own, and the experience of others, it will be observed that only a relative number of tuberculous patients can, with our present knowledge of tuberculosis and antitubercle serum, be treated successfully. If it does not succeed it is because of existing conditions, such as intolerance to serum injections of any kind (which is very rare), general destruction of physiologic equilibrium beyond repair, incurable lesions or mixed infection.

DR. LONGSTREET TAYLOR, of St. Paul: It is not necessary that the serum should produce an antitoxin in the body. It will in many cases give most gratifying results, but in others, for some reason, it is just as disappoint-

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ing. My experience with the Paquin serum has not been entirely satisfactory, but I intend to give it further tests.

DR. I. N. LOVE, of St. Louis: We have heard several papers on this most important subject by the same author during the past four years. Maragliani recently published his work on the subject. It is now almost beyond the stage of experimentation, but we must not be too hasty in our conclusion, for at least ten years experience is necessary before anything is positively and definitely known.

DR. W. F. BARCLAY, of Pittsburg: The paper shows us that there are honest men at work and we should hail all honest effort with delight. I am satisfied that some such men as Paquin will demonstrate the ultimate success and positive value of antitubercle serum, and I hope criticism will not discourage him and others.

DR. H. W. LOEB, of St. Louis: At the last meeting I presented some reports relative to the treatment of laryngeal tuberculosis with serum. I promised at that time to report the results. While they have not been as good as we had hoped, yet they are such as to encourage still further attempts. Knowing that these cases at best are almost always fatal, we as well as the patient are glad to try anything that gives the least hope of a cure. Of the cases reported at least two are yet living and well. Of two others I cannot say, but at latest reports there was no return. I believe the serum treatment will eventually be the method, but we must go farther before we can say it is a specific.

DR. W. F. DALEY, of Pittsburg: No matter what treatment we adopt they will improve for a time. It is sad to think that medical science has been able to do so little for the tuberculous victim.

DR. CHARLES GREEN, of St. Paul: The fallacy of medical statistics is best shown by tuberculosis. I do not have much confidence in any such. Two centuries ago a cure for tuberculosis was vaunted as infallible.

DR. JOSEPH MUIR, of New York: All other "cures" are claimed to have some specific or selective action, but Dr. Paquin has not said what is the selective action in the serum therapy treatment. I am convinced a change in the home surroundings of many cases will do more toward a cure than a change of climate.

DR. PAQUIN, in closing, said: I agree with all who have said that nature must come to our assistance in these cases. There are so many complications usually that we can scarcely hope to cope with all of them successfully. Digestion and the nervous system must be always considered.

DR. E. M. HOUGHTON, of Detroit, read a paper on

"A DEMONSTRATION OF THE THERAPEUTIC ACTION OF THE ANTITOXINA."

The author reviewed the theories of serum therapy demonstrating the differences between toxins and antitoxins. It has not as yet been shown just how the antitoxin counteracts or destroys the toxin. I have brought six guinea pigs for demonstration. I will inject three of these with the toxin cultures, the other three with the antitoxin and toxin. The discussion of the paper was postponed until the result of the injection on the animals should be determined.

DR. JOSEPH MUIR, of New York, read a paper on

"REINFECTION IN CONSUMPTION."

Statistics show that a first attack is not usually fatal, and death is often found to be due to other causes. Primary infection is not usually due to inherited tendencies, but external conditions play a most important part. Consumption is best treated among the rich, frequently indeed, a permanent cure is effected in this class of cases; so for evident reasons those who are poor should be given especial attention. Patients who have been cured must not be allowed to return to their former environment. Redevelopment is inconsistent with clinical experience.

Change of air and outdoor exercise and labor hardens and freshens the tissues, and the respiratory impurities of former environment are no longer present. Reinfection may be prevented by

First, Thorough disinfection of the patient and surroundings.

Second, Destruction of the sputum.

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This protects the patient against himself.

DR. H. J. O'BRIEN, of St. Paul: I am satisfied there are many cases of reinfection. I have sent them away and in six months they would come back to die; by staying away they will sometimes escape contagion and reinfection.

DR. J. A. LARRABEE, of Louisville: I have long believed, if a consumptive could have these conveniences and this care in the beginning, along with a stuffed feeding, that in many cases we could check or abort entirely the disease. The most terrible mistake is made in sending subjects away for treatment. Home is best no matter where that home is. Improve it all that is possible, but leave them among friends. I think there is much in this idea of reinfection.

DR. R. H. BABCOCK, of Chicago: The author, of course, does not claim all cases are of infection. I wish to emphasize in the strongest possible terms the idea, that if sent away and they improve they must stay away permanently.

DR. J. B. MURPHY, of Chicago, read a paper on

INDICATIONS FOR, AND DEMONSTRATIONS OF REMOVAL OF THE GASSERIAN GANGLION.

The doctor demonstrated the technique of the operation on a cadaver head. By his eloquent, exact and clear explanation of each minute part he led one to think that this operation, known as one of the most difficult in surgery, was in his hands but quite an ordinary matter. The operation may seem heroic, but heroic measures are necessary in a condition so severe as trigeminal or facial neuralgia. These patients will submit to anything in the hope of relief. Indeed, they have said to me before the operation, "Doctor, either kill or cure me." This method of operating is more simple and results in less deformity as well as being more certain in its results than any other yet suggested. I have always suggested some conditional treatment, especially that of castor oil before resorting to so heroic and serious a measure as this operation. The trouble, however, with all such treatments is that they do not give a permanent relief. The castor oil treatment has given temporary relief in several cases.

DR. A. J. OCHSNER, of Chicago: The author has given us a most beautiful demonstration of a difficult operation, and one which in his hands no doubt will give a large measure of success. I hesitate to operate in these cases of facial neuralgia for the very fact that they are necessarily of a serious nature. I have recently had some experience in these cases, in the use of castor oil. I have given this remedy in half ounce doses twice daily for ten days or two weeks at a time and to my surprise it has thus far proven a most elegant remedy. As to whether the results will be permanent I cannot say, but no case has yet returned to its former severity. I should repeat the castor oil whenever there are indications of a returning attack.

DR. HUGH T. PATRICK, of Chicago, read a paper on

ELECTRO-DIAGNOSIS AND ELECTRO-THERAPEUTICS SIMPLIFIED.

Electro-diagnosis is limited to the affirmation or denial of a lesion of the lower neuron; that is, of a lesion of the motor cells in the spinal cord, or of the nerve fibre, the peripheral nerves springing from those cells. A lesion of this neuron causes the action of degeneration, and this, stripped of all unnecessary technicalities, may be recognized by two variations from the normal, namely, a loss or very considerable diminution of faradic contractions, and the slow wormlike contraction of the muscles to interruption of the galvanic current.

In the electro-therapeutics of organic disease of the nervous system, applications of electricity through the brain may be entirely discarded as useless. Electricity through the spinal cord is little better. In diseases of the peripheral nerves it probably hastens revocery, and that current is to be chosen which the better causes muscular contraction.

In functional nervous disease electricity is of more practical value than in organic affections, but it is almost impossible to determine what proportion of this good effect is due to mental impression—to suggestion.

The galvanic current is chosen for facial neuralgia, costal and sciatica. The faradic for lumbago, hysterical

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anesthesia, paralysis and pain. The galvanic for exophthalmic goitre and sometimes for neurasthenic headache and backache. For facial spasms, tic, spasmodic torticollis, tremor and chorea, electricity is useful aside from the mental effect.

The highly practical and otherwise unusual merits of the paper were touched upon in the discussion which followed. All agreeing in the verdict that the subject of electricity had been presented in a most practical as well as scholarly form by Dr. Patrick.

Drs. Larrabee, Hughes, Manley and Stuckey participated in the discussion.

DR. J. FRANK, of Chicago, read a paper on the subject of

A NEW METHOD OF FASTENING THE ROUND LIGAMENT IN ALEXANDER'S OPERATION, WITH LITTLE DISTURBANCE OF ITS ANATOMICAL RELATIONS.

An incision an inch long is made midway between the anterior superior spine of the ilium and the spine of the pubes, a trifle above Roupart's ligament. The transversalis muscle is pushed back and the ligament lifted out with a blunt hook, such as I here show you. Draw it out until the uterus is in the correct position. No great difference is experienced if the peritoneal cavity should be opened. Usually three sutures are required to close the wound; the first one being taken as low as possible through one flap of the peritoneum, then through the round ligament itself. Instead of drawing the ligament through the fascia as formerly practiced, it is replaced in its anatomical position beneath the transversalis muscle. By this method a slough of the ligament is prevented. This operation is the simplest of all yet proposed for the purpose. As a suture material, kangaroo tendon has proven most satisfactory in my experience. A pessary should be fitted in before the operation, and worn as long as may be deemed necessary by the surgeon, afterwards.

DR. A. J. OCHSNER, of Chicago: Dr. Frank devised this method seven years ago. I consider it a great improvement in this operation because it does away with tearing and injuring the tissues. His method leaves the organ in the best possible condition for recovery, with sufficient adhesions to protect the ligament from being drawn out again; yet without unnecessary adhesions. I have examined some of the author's cases and can confirm his favorable report.

DR. C. B. PARKER, of Cleveland, O., read a paper on

THE USE OF OXYGEN IN CHLOROFORM NARCOSIS.

The exhibition of the vital principle, oxygen, with chloroform would seem to be proper on theoretical grounds. In uniting the two there is no chemical union formed between them. It is a mechanical mixture such as we have in the air. The oxygen must be perfectly pure. That usually supplied in tanks is not pure. It must be properly made. The cylinder must have been exhausted of all air before it is filled.

The time required to anesthetize is slightly longer than with chloroform, but the advantages far outweigh this minor inconvenience. Of the dangers attendant I am not prepared to say; as I do not consider an experience of 118 cases guarantees any statement relative to that point. There is total absence of vomiting as well as absence of the extreme palor and weakened heart beats, with shallow respiration. The duration of the shock from anesthesia is with this agent, very much shorter. The patient always recovers promptly without any delirium.

(TO BE CONTINUED)

The nominating committee consisting of Drs. Scott, Coulter, Barclay, Love, Manley, Mathews, Lee, Walker and Wishard, reported the following list of officers for the ensuing year:

President—Dr. Thomas Hunt Stuckey, Louisville.

First Vice-President—Dr. Chas. A. Wheaton, St. Paul.

Second Vice-President—Dr. Paul Paquin, St. Louis.

Secretary—Dr. H. W. Loeb, St. Louis.

Treasurer—Dr. W. N. Wishard, Indianapolis.

Member of Judicial Council—Dr. H. T. Patrick, Chicago.

The next place of meeting was appointed at Louisville, the third Tuesday of September, 1897.

Dr. H. Horace Grant was elected chairman of the committee of arrangements.

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Yellowstone Park Trip.

(SPECIAL FORTNIGHTLY SCRIBE)

Probably one of the greatest and most enjoyable excursions that ever visited the famous Yellowstone National Park was that of the Mississippi Valley Medical Association.

The party started immediately after the close of the meeting at St. Paul Friday afternoon, Sept. 18th, in a special train consisting of three Pullman sleepers, dining and baggage cars, over the Northern Pacific railway, the party arriving at Cinnabar on time. At this point the stages were taken to Mammoth Hot Springs, when the tour through the park proper began.

Following is the personnel of the party:

Dr. T. Hunt Stucky and wife, Miss Eva Stucky, Miss Virginia Stucky, and Miss Lillie Stucky of Louisville.
Dr. Chas. B. Parker and wife of Cleveland.
Dr. X. C. Scott of Cleveland.
Dr. William Kelly of St. Paul.
T. I. Delano, Jr., of Boston.
Dr. C. T. Drenner, Hot Springs, Ark.
Miss Drennen, Birmingham, Ala.
Dr. S. P. Collins and wife, Hot Springs, Ark.
Miss Fulton, Miss Perin and Miss Boeckman of St. Paul.
Mr. B. F. Barge of Maunch Chunk, Pa.
Dr. R. D. Spaulding, Atlanta, Ga.
Dr. A. W. Cathoun and wife. Miss Cathoun, Messrs. A. L. Kontz, John Keely and Arthur Keely, of Atlanta.
Dr. J. H. Buckner, Cincinnati.
Dr. J. R. Tackett, Meridian, Miss.
Dr. B. L. Coleman, Lexington, Ky.
Dr. R. C. McCord, Lebanon, Ky.
Dr. H. J. Hartz, Detroit.
Dr. John Parker, Cleveland.
Mrs. Chase and Miss Silicock, New York.
Dr. J. R. Pipes, Cleveland.
Dr. E. S. Talbot, Chicago.
Dr. Enno Sander, St. Louis.
Dr. W. S. Caldwell, Freeport, Ill.
Mr. John E. Turner and wife, Indianapolis.
Dr. C. E. Cook and wife, Mendota, Ill.
Dr. C. C. Hunt, Dixon, Ill.
Dr. Catherine Slater, Minneapolis.
Dr. A. F. House, Cleveland.
Dr. J. B. Bertholette, Letonia, Ohio.
Dr. T. B. Marquis, Lisbon, Ohio.
Dr. E. Hahn, Letonia, Ohio.
Dr. John Pogue, and Dr. E. W. Fiegenbaum, of Edwardsville, Ill.
E. A. Gowran and wife, Portage, Wis.
Dr. G. I. Cullen, Cincinnati.

The party were looked after for the Northern Pacific railway by Mr. John E. Turner, and for the Association by Dr. G. I. Cullen, of Cincinnati. The start around the park in stages was begun on Monday and lasted five days, the weather being perfect, with the exception of one afternoon, when a severe hail storm set in, followed by a cooler change in temperature and a severe snow storm next morning. At the time of the hail storm a most unusual phenomena was witnessed. In one direction a hard rain was falling, while in another a severe snow storm could be seen, and in still another direction the sun was shining brightly, lending a beautiful shimmer to the hail that was falling.

The party returned to Mammoth Hot Springs the evening of the fifth day, arriving in St. Paul Sunday morning.

On Friday evening a meeting was called in the parlor of the Mammoth Hot Springs' Hotel and the following resolution was passed:

We, the committee upon resolutions appointed by the chairman of a meeting held at Mammoth Hot Springs, Yellowstone National Park, September 22, 1896, report as follows:

That the members of the Mississippi Valley Medical Association and their friends who accompanied them on the excursion to the Yellowstone National Park, hereby tender to the officers of the Northern Pacific Railroad and those in special charge of our party this evidence of our high appreciation of the courtesies extended to us throughout the trip, and our thanks for their uniform kindness and assidious attention to the comfort of the entire party. We also wish to express our indebtedness, especially, to Mr. Chas. S. Fee, general passenger agent, Northern Pacific Railroad, and his able assistant, Mr. John E. Turner, for the judgment displayed in the management of the excursion from St. Paul to and throughout the delightful trip through the park, "The Wonderland of America."

C. C. HUNT, Chairman.
W. D. KELLY, Secretary.

Mammoth Hot Springs, September 25, 1896.

EXCURSIONETTES.

Tom Delano was the "silent man," but he observed everything.

Dr. Catherine Slater was the only female member of the profession abroad.

Dr. B. L. Coleman told his famous "Uncle Green" story, as well as many others, with his usual ability.

Dr. G. I. Cullen attended to the sleeping car and baggage details and rendered an occasional Sunday school story.

Wm. R. Warner & Co., and the Phenique Chemical Co., through their general representatives, the Remick brothers, furnished a goodly supply of medicines, which were much appreciated by the ailing ones.

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Dr. R. S. McCord was the prohibitionist in both theory and practice.

Dr. A. F. House made quite an impression with his complete golf suit.

Dr. S. P. Collins of Hot Springs, Ark., was the tallest man in the party.

Dr. A. W. Calhoun chaperoned a party of eight, five gentlemen and three ladies.

The usual epistaxis of the high altitudes was only present in three members of the party.

Miss Boeckmann of St. Paul was the only lady who had the courage to go out in the field and throw sugar to the bears.

Mr. Turner of the Northern Pacific did much to add to the comfort of the party and he had very few troubles to listen to.

Dr. T. H. Stucky had four ladies under his charge, which was the largest number any one man attempted to take care of.

Dr. J. R. Tackett being a thin blooded Southerner, suffered somewhat from the cool weather of the last two days of the trip.

Dr. C. Travis Drennen officiated as the able secretary of the informal meetings and his humorous minutes were much enjoyed.

A case of Zumo-anana was kindly sent by the manager, Mr. Willitt, and was much enjoyed by both the physicians and the ladies.

Dr. John Pogue of Edwardsville slipped through the thin crust on Sulphur Mountain and was obliged to walk with a fashionable limp for a few days.

Charles Wood Fassett was prominent with "Fassett's Press Bureau," which was continued from the meeting. He supplied reading matter and good cigars liberally.

Dr. William Kelly of St. Paul was one of the camera fiends as well as an enthusiastic fisherman. He succeeded in getting some splendid results from both occupations.

At Big Timber, Mont., the train struck a man who was walking on the track, killing him instantly. This was the only undesirable or unpleasant event of the entire trip.

The dining and sleeping car service, under the charge of Mr. W. C. Jones and Mr. G. L. Brown, respectively, was pronounced by the party the best they had ever experienced.

Mr. B. F. Barge was the most successful fisherman, he making a catch one morning of twenty lake trout in one hour and a half. He was also a most general favorite, having traveled all over the world, well educated and jovial, as well as a royal entertainer, his company was much sought.

Mr. Charles S. Fee, general passenger agent of the Northern Pacific Railroad, accompanied the party as far as Mammoth Hot Springs Hotel, from whence he left to join his family at Portland, Ore. Mr. Fee made everybody aboard the train his personal friend and there was universal expression of regret upon his departure.

Dr. J. H. Buckner of Cincinnati contributed much to the pleasure of the trip, not only in the way of entertaining stories and accounts of his travels, but also in the kind of cobweb wash he furnished.

Mr. Enno Sander looked carefully into the water of each pool and geyser with the critical eye of an expert and he no doubt was trying to arrange some plan whereby the waters could be utilized as medicinal agents.

Dr. X. C. Scott of Cleveland was the only unfortunate on the sick list during the trip. He was taken with acute bronchitis the first day out, necessitating his confinement to the house and preventing his making the usual side trips.

W. S. Agnew of the Londonderry Lithia Water Co. presented each one of the gentlement with a boutonniere and each lady with flowers as the train pulled out of St. Paul. It was a delicate compliment and was highly appreciated. He also furnisher four cases of his well known beverage, which was much enjoyed.

Mr. A. E. Lalande of Montreal, Canada, accompanied the party through the park and to St. Paul. Mr. Lalande is the traveling passenger agent of the Canadian Pacific Railway, and was the official who conducted Li Hung Chang across the continent to Vancouver when the viceroy took the steamer "Empress of China" for home. In recognition of the attention and courtesy of Mr. Lalande, the viceroy conferred upon him the order of the Double Dragon of the First Class, there being but two persons holding this degree in Canada. It is prized very highly and the magnificent decoration was much admired by the members of the party. Mr. Lalande proved a most entertaining traveling companion and he had many attentive listeners to his descriptions of Alaska and the many other points of interest along the Canadian Pacific Railway.

DEVOTED TO THE NEW PHOTOGRAPHY.

We have received numbers 1 and 2 of the Archives of Skiagraphy, a new English journal edited by Sydney Rowland, B. A. (Camb.) and from the well known publishing house, Rebman Publishing Company, London. The journal contains a series of collotype illustrations (six in each number) with descriptive text, illustrating the applications of the new photography in medicine and surgery. The journal is most beautifully gotten up, the illustrations are of the highest order and the text is like unto the illustrations; as a whole it is quite in keeping with the age of Roentgen's discovery. It is a journal that merits liberal American patronage. It will not disappoint medical men or any who are interested in the application and advance of the new photography.

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MEDICAL ASSOCIATION OF THE STATE OF MISSOURI.

Thirty-Ninth Annual Session, Sedalia, May 19—21.

[BY THE FORTNIGHTLY SPECIAL CORRESPONDENT.]

DR. BRANSFORD LEWIS, of St. Louis, presented a number of his inventions in

NEW SURGICAL INSTRUMENTS.

These were: First—An infiltration-anesthesia syringe, for producing local anesthesia by the Schleich method; second, a circumcision clamp and tractor; third, a varlococele clamp; and fourth, a genital dressing retainer, for holding in position dressings applied to the genitals or perineum.

The Bransford Lewis infiltration syringe enables the surgeon to secure practical local anesthesia with equal facility and impunity in both superficial and deep-lying structures—where, for instance, it would be dangerous to insert the sharp needle of an ordinary hypodermic syringe on account of liability to puncture a large vessel or nerve, or the peritoneum, etc. The syringe is large in size, and furnished with both sharp and blunt pointed needles, the latter sufficiently small to pierce tissues, but not the structures mentioned. It certainly enlarges the scope of the Schleich method very greatly.

The Lewis Circumcision Clamp and Tractor were to be used in executing the method of circumcision which he described; which method offered the special advantages of facility, exactitude and uniformity and promptness of results. It was suggested that a reprint illustrating it would be supplied on application to the author.

The Varlococele Clamp presented was a modification of those already in the field, but offered some material advantages over the former in the improved curve, funnel-shaped needle-eyes, the adjustable screw, and the grooved flanges for facilitating local (infiltration) anesthesia in connection with the operation.

The Dressing Retainer had proved itself a comfort and solace to the "old rounder" patient, as well as a marked convenience to the surgeon who operated on any of the external genitals. It maintained the dressings in perfect adjustment, and, in a way, performed the functions of a splint.

All of the devices could be had of the A. S. Aloe Co., St. Louis.

DR. P. F. KABLER, of Hannibal, next reported a rare case; an unmistakable case of

ALTO-AXOID DISLOCATION.

The dislocation was reduced within a few moments after the accident, and immediately the paraplegia disappeared and the interrupted respiration became normal. Under proper fixation methods there was a complete recovery.

DR. T. F. PREWITT, of St. Louis, thought it must have been an occipito-axoid dislocation; but even then the remarkable result renders it an extremely rare and interesting case.

DR. THOS. O. SUMMERS, of St. Louis, read a brief paper on the

PRACTICAL ISSUES OF BACTERIOLOGY.

in which he maintained that, great as have been the results from the study of bacteriology, too much reliance has been placed upon it in a diagnostic way. It is certainly going to take a back seat in the near future, and will be relied upon chiefly as corroborative of diagnoses made from other and often earlier clinical signs. But its continued study may lead to great therapeutic results, as in the development of serum therapy, etc.

DR. I. N. LOVE, of St. Louis, expressed his satisfaction in hearing a teacher of bacteriology admit that the microscope is not the only or even chief means of making a diagnosis; that there is really a superiority of clinical over bacteriological diagnosis. He has a long time maintained that phthisis can be recognized long before the tubercle bacillus appears in the sputa; and that diphtheria is better diagnosed upon clinical evidences than upon bacteriological examination. But it is gratifying to find a microscopist who admits it.

DR. PAUL PAQUIN, of St. Louis, believed that the microscope has posi-

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tively demonstrated the cause of sepsis, of tuberculosis, of diphtheria and several other diseases, and that its study should be encouraged because by the same means a cure for many germ diseases will probably be discovered.

DR. JOHN H. McINTYRE, of St. Louis, presented an essay upon the relation between

UTERINE DISEASES AND INSANITY.

He reported a case of insanity preceded by laceration of the cervix and inflammatory trouble in the tubes and ovaries; trachelorrhaphy and removal of the diseased appendages gave a perfect recovery from the mental trouble. A second case was one of mania dating back to a confinement, with great bilateral cervical laceration; operation was followed by complete and permanent recovery. In a third case a melancholia was associated with severe endometritis and ovaritis; proper local treatment after thorough curettage accomplished a cure. Another patient affected by dementia was found to have a large pus tube with evidences of slow absorption; abdominal section relieved the pelvic disease and completely restored the mind of the woman. And a fifth case had procidentia and uterine inflammation, with melancholia; she also had her mind restored after a ventral fixation and local treatment.

DR. JOHN PUNTON, of Kansas City, said he believed there must be a mistaken diagnosis in most of these cases; simple mental depression should not be classed as melancholia nor hysterical outbreaks as acute mania, as is so often done by surgeons who operate upon sources of peripheral irritation in the hope of curing central lesions. Possibly one of the cases may have been acute mania—a disease that might have ended favorably whether an operation were done or not.

DR. M. B. WARD, of Topeka, Kan., contended that in spite of the opposition of the neurologists the gynecologists are really curing some cases of recently-developed insanity by operating upon diseases associated with profound nerve irritation; not as many recoveries have followed operation as was hoped at the time Rohe made his remarkable report, but enough to justify operation in every case where serious pelvic disease is found to exist. One case in his own practice was perfectly cured by operation, several others were greatly improved and quite a number only temporarily benefited; there is so far as concerns the mental condition. All were benefited physically.

DR. FRANK R. FRY, of St. Louis, agreed with Dr. Punton in the opinion that Dr. McIntyre's cases were not really insane, though he believed that operation should be done for all gross pelvic lesions just the same in insane as in sane patients; the same rule should apply to both. Relief of peripheral irritation is undoubtedly an assistance in the treatment of insanity; but it does not effect a cure alone. Kidney troubles are, as a rule, of far more important than pelvic disorders.

DR. W. B. DORSETT, of St. Louis, reported numerous cases of hysteria and neurasthenia completely relieved by operation upon the pelvic organs, but no cases of true insanity. Curettage has proven of especial benefit in neurasthenia associated with endometritis.

DR. T. J. BEATTIE, of Kansas City, was also convinced of the necessity for more frequent operative treatment of these cases.

DR. McINTYRE remarked, in closing, that all the cases reported were either insane already or would soon have become so; they were all so close to it that no one but an alienist would have hesitated to call them crazy, and maintained that every hospital for the insane has many patients who might have been cured by timely operation.

DR. G. W. GROVE, of Kansas City, read an excellent and deeply instructive paper upon

OCULAR SYMPTOMS OF BRAIN LESIONS.

It was of such character as not to permit condensation; but should be read by all interested in the subject. It was discussed by Drs. J. H. Thompson, of Kansas City.

DR. W. B. OUTTEN, of St. Louis, read a paper on

TRAUMA IN NEUROLOGY,

which has already been published. It was not discussed.

DR. NORVELLE W. SHARPE, of St. Louis, discussed the subject:

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ELECTRIC TRAUMA.

The skin is the chief factor of resistance in an individual sustaining an electric shock. The moisture of the skin and especially the marked salinity of the perspiration favor access of current. Humidity and temperature of atmosphere, and the season of the year are important factors in determining individual resistance. Electric traumata differ from ordinary burns and scalds in results (very noticeable in severe cases). The prognosis in all cases should be guarded. Rigid asepsis should be followed in all manipulations of the case. Sloughs are best removed by solution of pepsin—thus: Scale pepsin 2 grammes, hydrochloric acid 1 gramme, distilled water 120 cubic centimeters—to be washed off in two hours with peroxide of hydrogen or pyrozone. Application to be repeated as may be necessary. Deep disintegration demands especial watchfulness for the detection of bone or joint invasion. Necrosis of bone should be combatted by injecting a 3 per cent solution of hydrochloric acid in distilled water, repeated not more frequently than every two hours. Every second day the acid pepsin solution just mentioned should be used until the necrotic masses are cleaned away, when gauze packing should follow. In cases complicated by tuberculosis a 10 per cent emulsion of iodoform in glycerine or a 7 per cent to 10 per cent solution of iodoform in ether should be subsequently employed. Persistent bone or joint invasion with necrosis requires amputation. Degenerative division of important nerves should be subsequently repaired by Levering's method. Degenerative division of important arteries and veins should be repaired by Murphy's method. Granulating areas after sterilization should, when feasible, be covered by large skin flaps. hen the healing process has started, peripheral skin growth is hastened by the use of a layer of sterile gauze saturated with iodoform glycerine mixture covered by rubber tissue.

DR. T. F. PREWITT said such burns are obstinate; they do not heal kindly. Often a perforating ulcer results in spite of all efforts to prevent it. Bad mutilation is the almost universal result and patients should be told this before treatment is begun.

DR. EMORY LANPHEAR, of St. Louis, objected to the proposition to amputate in cases where the joint becomes infected secondarily. Free drainage with erosion of the joint or thorough curettage and the use of much iodoform in the joint cavity will give a useful limb in most instances.

DR. FRANK J. LUTZ, of St. Louis, presented a paper upon

HERNIA.

He advocated operation in most cases of irreducible, or incarcerated hernia; workingmen, especially, should not be allowed to go unoperated. He objected to prolonged, rough taxis in any case of rupture, however recent. And particularly condemned taxis under chloroform except when the surgeon is ready to go on and operate if unsuccessful; and then the greatest care must be taken not to push back en masse—apparently relieving the trouble, but really leaving the patient in more danger than before. Operation is far less dangerous than severe taxis. While gangrene of the bowel is rare, care should always be exercised not to return a strangulated bowel too quickly; it is better to pull out a considerable quantity of healthy gut and watch the effect of the application of hot water. If circulation is not restored excision of the bowel with anastomosis, or the formation of an artificial anus, must be performed. Drainage must be used if long strangulated; but in operation for radical cure is not to be thought of; peritonitis being but a very remote danger if asepsis is maintained. Of methods; the flap mode of incision, with a Halstead or Bassini operation, gives the best results.

DR. LOUIS SCHOOLER, of Des Moines, was of the opinion that radical cure should not be attempted when the strangulation is of long duration; it is better to simply relieve the immediate danger and make a secondary operation or radical cure. The bowel is too often returned; in case of doubt it is best to pull out the bowel until both extremities of the suspicious gut have been passed, surround the intestines with iodoform gauze and make an artificial anus; then if the patient lives, a plastic operation can be done later on.

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DR. T. F. PREWITT regarded more than five minutes trial at taxis as never justifiable. And operation should be done without any attempt at taxis when any symptoms of strangulation are present. There is no danger in operation if the surgeon is clean and speedy. Every doctor should know how to operate for strangulated hernia.

DR. GEO. HALLEY, of Kansas City, favored prompt surgical interference in every case of strangulated hernia where the patient is not already moribund; and in all cases of incarcerated hernia where there is no serious degenerative kidney lesion. Too many people have died after wearing for years a truss fitted by some druggist—the amentum at least, and probably a knuckle of gut, never having been reduced; later becoming strangulated just as if no truss were being worn.

DR. H. H. MUDD, of St. Louis, advocated operation in all cases of scrotal hernia. In cases of suspected strangulated hernia the attendant should never leave his patient; it is best to give a good dose of morphine, wait eight hours and then attempt reduction; if unsuccessful to then operate at once.

DR. W. A. McCANDLESS, of St. Louis, exibited some wonderful specimens of

NEPHRITIC CALCULI.

He claimed that every case of stone in the kidney should be operated upon as soon as the diagnosis is made, if the patient's general condition will permit. The symptoms by which the condition may be recognized are an attack of renal or ureteral colic coming on without any premonition, followed by another in which it may be possible to trace the progress of the stone; then another with dull, dragging pains; hemorrhages; finally pus and kidney debris indicating degeneration of the kidney. The stone may plug the ureter, when hydronephrosis is the result; and by infection this is changed to pyonephrosis—all surgical conditions.

DR. A. B. MILLER, of Macon, read the report of the committee on

MEDICAL EDUCATION.

This thoroughly upheld the ruling of the Missouri State Board of Health, requiring at least the equivalent of a high-school education from every doctor applying for registration hereafter, regardless of the college conferring the degree. It advised that the faculties of some of the schools be reorganized so that the teachers shall be as well educated as the students. And further recommended that no drunkards, no libertines, and no swearing or obscene professors be allowed to teach. In a strictly professional way the only recommendation was in favor of the abolition of the large clinics, except upon a few subjects, and the substitution of bedside instruction and direct demonstration in classes of twelve.

DR. B. M. HYPES, of St. Louis, addressed the society on the question of

OBSTETRICAL ASEPSIS AND ANTISEPSIS.

He said that the necessity for greater care for surgical cleanliness is emphasized by the latest statistics in the city of Chicago, where careful mortuary records are kept, which show that 72 per 1,000 death in women are referable to infection during childbirth; and this is due almost wholly to gross neglect on the part of midwives and doctors. These figures do not include the much more numerous cases of salpingitis, pelvic peritonitis, etc. The figures are somewhat better in the country, but even there the number of deaths annually from puerperal infection is something appalling. Since the mortality now in obstetrical clinics and maternity hospitals has been reduced to a fraction of one in a thousand, so far as concerns puerperal infection it is plain that the trouble is preventable by the adoption of perfect antiseptic methods and that the septic material is carried into the genital tract by the attendant. The lesson is, therefore, to disinfect the patient by a bath, by thorough scrubbing of the pubes, followed by washing with sublimate which shall also include the thighs, clipping the hair if too long, and a vaginal douche given before labor instead of after as is so often and harmfully done. But chief attention must be paid to the hands of the doctor and the nurse, dirty finger-nails being the most frequent source of the infection. In conclusion: less frequent digital examinations, and fewer forceps deliveries will greatly diminish the mortality.

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DR. A. B. MILLER heartily endorsed everything claimed by the essayist and recommended that the attendant should look more carefully than is usually done for tears of the perineum and vagina and repair them when found. He condemned the vaginal douche after labor except where the forceps have been used or the hand introduced to extract the foetus or placenta.

DR. R. H. FINLEY, of St. Louis, objected to the ante-partum douches as they wash away the normal antiseptic secretions in the vagina; they should only be used where there is a suspicion of previous infection with gonorrhea, etc. And douches are not needed in normal labors after a delivery unless fever arises after a time. He demanded the elevation of the standard of requirements for the practice of midwifery.

DR. W. B. DORSETT, of St. Louis, contended that the modern midwife has just as good results as doctors; indeed some of the latter are far more careless and dirty than the average midwife. He thought that poor surroundings have much to do with the high mortality in cities.

DR. A. R. KIEFFER, of St. Louis, said that the great fault with doctors is that they have no instructions in practical midwifery, or practically none —at least so far as concerns the medica lschools of St. Louis.

In the country the results are much better than in the city because the women have plenty of fresh air, are not infected with gonorrhea, and the attendant is not at the same time visiting cases of erysipelas, diphtheria, scarlet fever, etc. When he practiced in the country he delivered more than 500 women and never had one case of puerperal infection.

DR. EMORY LANPHEAR, of St. Louis, expressed surprise that the senior students in St. Louis medical colleges get practically no clinical instruction in obstetrics. In the schools of Kansas City the students each get at least ten cases to attend; and the St. Louis colleges should either effect arrangements to do as well or close their doors forever.

DR. H. H. MIDDLECAMP thought that soap and boiled water will do for country doctors if used freely; unless, of course, there is previous infection; then antiseptics must also be employed.

DR. H. H. MIDDLECAMP, of Warrenton, read a paper on

EXTERNAL VERSION.

He advocated his method as almost as easy and certainly far safer than the introduction of the hand into the uterus. He described the mode of procedure and reported a number of successful cases.

DR. B. M. HYPES also favored this method whenever possible; and under complete anesthesia.

DR. CHAS. B. HARDIN, of Kansas City, reported a case of

ATYPICAL PNEUMONIA.

There was greatly delayed resolution, and grippal complications. He believed such cases apt to terminate in pyothorax.

DR. A. B. MILLER regarded them as simply adynamic cases of pneumonia, with resolution long delayed.

DR. J. N. JACKSON, of Kansas City, said that most cases called "pneumonia with delayed resolution" are really pleurisy with effusion and frequently terminate in pyothorax, just as Dr. Hardin says the "atypical pneumonia" does. It is just a plain case of mistaken diagnosis, generally. There is, however, an asthenic form of pneumonia which may have as a complication a pleuritis—a pleuro-pneumonia in which empyema is the usual termination, rendering the case a surgical instead of medical one.

DR. MIDDLECAMP advocated the use of cold baths and the application of cold to the chest in cases of pneumonia.

DR. HOWARD CARTER, of St. Louis, read a paper on the relation between

BOVINE AND HUMAN TUBERCULOSIS.

He made a strong plea in favor of more careful inspection of cattle, especially those of dairies, for it is now pretty thoroughly demonstrated that one of the most frequent sources of tubercular infection is milk from cattle affected with tuberculosis. Cattle fed upon swill and those kept in stables instead of pastures are particularly subject to the disease. Milk from a

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tuberculous cow should never be used, even if boiled, and the meat is also unfit for food.

After the reading by title of a number of papers, referred to the publication committee, the society adjourned.

TRI-STATE MEDICAL SOCIETY OF ALABAMA, GEORGIA AND TENNESSEE.

The eighth annual meeting will be held in Chattanooga, Oct. 13, 14 and 15, 1896. The profession is respectfully invited to attend. The following is a partial list of papers:

"Convulsions in Children; Report of Cases Treated With Large Doses of Morphine," Y. L. Abernathy, Hill City, Tenn.

"Treatment of Pus in the Pelvis," W. E. B. Davis, Birmingham, Ala.

"Some remarks on Syphilis," Willis F. Westmoreland, Atlanta.

"The Therapy of Antipyretics," P. L. Brouillette, Huntsville, Ala.

"A New Splint for Fractures of the Humerus," G. A. Baxter, Chattanooga.

"Medicine Hippocratic and Operatic," John P. Stewart Attalla, Ala.

"The Turkish Bath: Its Therapeutic Indications," Louise Eleanor Smith, Chattanooga.

"Puerperal Eclampsia," Seale Harris, Union Springs, Ala.

"Puerperal Eclampsia," J. E. George, Rockwood, Tenn.

"Humphrey's Operation; Amputation of the Penis," Cooper Holtzclaw, Chattanooga.

"A Statistical Report of Some of the More Recent Remedies Used in the Treatment of Tuberculosis and Summary of Recent Preventive Methods of Value," R. H. Hayes, Union Springs, Ala.

"Operations for Abscess of the Liver," W. C. Townes, Chattanooga.

"Cystitis; Reports of Cases." D. S. Middleton, Rising Fawn, Ga.

"Report of a Case of Bradychardia," W. C. Bilbro, Murfreesboro, Tenn.

"Microscopical and Chemical Examinations as Aids to Diagnosis," Katherine R. Collins, Atlanta.

"The Woodbridge Treatment of Typhoid Fever," J. W. Duncan, Atlanta.

"Some Obstetric Complications, With Reports of Cases," R. R. Kime, Atlanta.

"Vaginal Hysterectomy for Bi-Lateral Suppurative Processes of the Uterine Adnexa," W. D. Haggard, Jr., Nashville.

"Diseases of the Vera Montanum (Caput Gallinaginis), W. Frank Glenn, Nashville.

"Treatment of Skin Cancer," C. R. Brown, Birmingham.

Papers on Eye Diseases, Alec Sterling, Atlanta; J. M. Crawford, Atlanta; G. C. Savage, Nashville, George S. Achison, Nashville.

"Acute Pelvic Congestion," Valentine Tallaferro, Atlanta, Ga.

"A Few Unique Cases of Abdominal Section," J. A. Goggans, Alexander City, Ala.

"Observations on the Treatment of Specific and Non-Specific Veneral Ulcers," Wm. S. Goldsmith, Atlanta, Ga.

"Diseases and Treatment of the Accessory Sinuses of the Nose," B. F. Travis, Chattanooga, Tenn.

President's Address—"The Doctor of Medicine," J. B. Murfree, Murfreesboro, Tenn.

MEDICAL BICYCLERS.

A Brooklyn doctor is organizing a bicycle club to be made up exclusively of Brooklyn physicians. It is proposed to use the wheel in the discharge of professional duties, making calls, and so on.

THEY OFFER INDUCEMENTS TO FEMALE STUDENTS.

The female medical students in India have been presented with a hotel, which is to be used as a residence for them during term time. An Indian official has given 25,000 rupees to the fund for its support.

SNAKE INDUSTRY IN INDIA.

The number of persons who died from snake bite in the Punjab during the past pear increased by 5 per cent. The measures for encouraging snake killing have been relaxed considerably since it was found that their effect was to encourage breeding as well, but a considerable sum is still paid in rewards.—British Medical Journal.

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The Medical Fortnightly

Genito-Urinary Surgery and Venereal Diseases

BY BRANSFORD LEWIS, M. D.,

ASSISTED BY

DR. G. W. TURNER, DR. BOND HOLLAND and RUTHERFORD GRADWOHL,

ST. LOUIS, MO.

Treatment of Syphilis with Tertiary-Syphilitic Serum.

By Prof. C. Boeck of Christiana. (Archiv fur dermatologie und Syphilis, No. XXXV, page 387. Translated from the German by Rutherford Gradwohl.)

The author tried syphilitic serum therapy in December, 1890, in twelve cases of recent secondary syphilis; the serum was hydrocele fluid taken from a patient affected with marked secondary syphilis. Although the disease, in a few o these cases, showed somewhat of a reaction, still, as a whole, the results were so unsatisfactory that it was not deemed profitable at the time to publish them. The procedure of obtaining the hydrocele fluid was to release it by means of a sterilized trocar and canula, passing it into a sterilized flask, when it was filtered prior to injection. The author again tried the serum in 1894. The first patient, who had three initial scleroses and the other physical signs of syphilis, glandular enlargements, etc., was cured in the course of about one year's treatment with the serum. In this case there was a marked amelioration in the appearance of the lesions from the beginning of the injections; no bad effects from the use of the serum other than an occasional headache. The next patient, a student of eighteen years, began treatment in September, 1894, and was discharged in November of the following year, to all appearances, free from all specific trouble. Five other patients were treated in this manner with excellent results; beyond the appearance in some cases of an exanthema, there were no appreciable ill-effects from the use of this form of therapy. In some cases, there were intervals of lassitude in the progress of the cure; in such cases, the dosage was increased and good results generally followed. Often, during the course of treatment, the swelling of the various lymphatic glands made a discontinuance of the treatment, temporarily, necessary. The general results can be given as follows:

1. The primary symptoms readily yielded to the treatment, likewise the adenitis of the primary period. It is interesting to note, says the author, that the results of the experiments of Drs. Vieviorovsky and Cotterell with tertiary serum have been quite different from those herein given.
2. In those cases where the serum was given during the period of the second incubation, the eruption of the secondary type was warded off entirely.
3. In case where treatment was given in the fully developed secondary stage, the secondary symptoms disappeared, together with the exanthema and the lesions of the mucus membrane.
4. The general health was regulated and improved by this treatment.
5. The secondary eruption period was shortened in general.
6. The efficacy of the injections, as to rapidity of cure, was in direct proportion to the earliness of the institution of the treatment.
7. The tertiary serum was more efficacious in these cases than the secondary serum.

The question of treating tertiary syphilis by this method in preference to specific treatment is left as a debatable point among the profession, to be proved by experimentation and observation.

Examination of Urine After Chloroform Narcosis.

These examinations were made upon fifty-seven patients varying in age from one to fifteen years. Albuminuria, alone, was found in two cases after narcosis, once with cylindruria, once with cylindruria and nucleo-albuminu-

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ria; nucleo-albuminuria, alone, in one case, with cylindruria in five cases; cylindruria in six cases. Sugar was never found in any of these examinations. Aceton in ten cases, acetis acid in six cases, aceton and acetic acid together in fourteen instances, complete the investigations. (Translated by R. G.)

A few Difficulties in the Catheterization of the Male Urethra

By Kollmann of Leipzig.

(Centrbl. fur k. der harn-u. sex.-org.)

Dittel enumerates five difficulties which are normally found in catheterizing—symphysis, lamina media fasciae perinei, sinus bulbi, sinus prostaticus, trigonum lieutaudii. Often the surgeon depends upon the elasticity of his instrument to pass the sinus bulbi, but owing to the irritability of the membranous portion of the urethra, an impassible barrier is presented. The trouble in catherterizing this portion of the urethra increases in the proportion to the distance between the base of the sinus bulbi and the isthmus. The condition of the nucous membrane near the fossa navicularis, about 12-15 mm. from the ext. ur. orifice must be taken into consideration, as in chronic gonorrheal cases, etc. Occasionally, enlarged glandular processes are found in the urethra which impede catheterization. (Translated from the German by Rutherford Gradwohl.)

Genital Tuberculosis in Women.

Dr. H. M. Thompson, of Wilmington (Medical and Surgical Reporter, April, 1896), in a paper under the above caption, sounds a warning of danger from delay in positive diagnosis of genital tuberculosis.

Correct diagnosis, followed by proper methods of treatment, will, in a great number of cases, save valuable lives, whereas a neglect by palliative treatment based on a diagnosis of metritis fibroids, etc., will result in general tubercular infection.

It occurs generally between the twentieth and fortieth years, and though in a considerable number of cases is primary, is usually secondary in character.

It affects tubes, uterus, ovaries, vagina, cervix and vulva in order of frequency named. It may originate from contact from without, instruments, etc.; or indirectly from blood infection or adjacent organs. But blood infection is its chief source. Genital tuberculosis commences usually at or near the imbrated end of the Fallopian tube, but in advanced case, all adjacent organs, as well as the peritoneum, is affected. Primary cases can only be diagnosed by a microscopical examination of the secretions or material removed by the curette from the uterus. But we do not always find the tubercle bacilli even in advanced cases.

"What promise does operation offer? In the first place, an early diagnosis is most important if we are to hope for successful results from operation. In cases of primary tuberculosis of the tubes, where such may be diagnosed, they should be removed. When the disease is associated with tuberculosis elsewhere, except in the ovary or peritoneum, our best authorities agree, I think, that operation should only be performed in cases in which the complicating conditions are quiescent and the general condition of the patient good."

"Dr. Howard A. Kelly says: 'A peculiar interest attaches to some cases of tubercular infection of the peritoneum, on account of the rapidity with which these patients often make a complete recovery after a simple exploratory incision, with or without drainage, and with or without removal of some principal focus of the disease, such as a tuberculous Fallopian tube.'

G. W. T."

NOT RESPONSIBLE FOR AN ERROR OF JUDGMENT.

It has been recently decided by the English court of appeals that a physician cannot be held responsible for an error of judgment, provided he can show that reasonable competency and care has been brought to the case.

Dr. George Ross, who recently resigned from the chair of obstetrics in the University College of Medicine, Richmond, has been elected emeritus professor of obstetrics. Dr. Ross's resignation was due to ill health.

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Medical Melange

Fairchild Brothers & Foster have "camped upon the trail" of the unprincipled substitutors who are disposed to infringe upon their proprietary rights in the use of Essence of Pepsin.

It seems that many druggists are disposed to dispense an essence of pepsin which is 'as good as Fairchild's," when the prescription distinctly calls for Fairchild's essence of pepsin. A recent issue of the Pharmaceutical Era, in an editorial, "Turn the Rascals Out," has justly called attention to this great abuse of substituting, prevalent among druggists of today. There are thousands of conscientious druggists who do not substitute, but there are also thousands who do, and as the Era remarks, "every honest druggist owes it to himself and his profession to speak plainly on the subject. He should adopt the most strict rules for his own establishment; improve every opportunity to condemn the practice of substitution, and see that resolutions to this effect are passed by his local, state and national societies. Each druggist should make it a point to give his physicians and his customers to understand that when a prescription comes in to his establishment, it is filled with exactly what it calls for." We hope Fairchild Brothers & Foster may stop on the trail until they win a good, overwhelming victory.

THE TREATMENT OF INDIGESTION OF INFANTS.

Indigestion of infants is too frequently ignored by parents, especially young mothers, until at last is engrafted gastro-intestinal catarrh, when at once they become alarmed, and justly, too, and seek advice, either from the tradition burdened grandmother or the physician. It is the physician's luck to be called after all domestic means have failed. He is supposed to effect a cure forthwith, even though he first has to remove the trouble caused by the lotions, potions, etc., which have been administered by the mother. If the mother had as vigorously watched the cause of the disturbance (faulty feeding) as she applies home remedies, the chances are the child would have had no trouble. Infant feeding, then, should receive careful study by the mother and attention paid to the detail of hygienic care. These measures would do much toward preventing indigestion and gastro-intestinal catarrh.

Mild cases can be speedily benefitted by the usual methods of relieving the cause, viz., evacuating the bowels, overcoming the pain, and restoring the natural proportions of diet indicated according to the age of the child, and facilitating digestion by the use of remedies which will increase the digestion of food taken.

Treatment, too, of the diarrhoea, which becomes a factor in prognosis, should also receive attention. The use of mineral acids, bismuth and pepsin, is well known and also the use of lactopeptine, which has been commended by J. Lewis Smith, who attests its usefulness in these cases.

For several years we have used lactopeptine in the indigestion of infants; in fact, it is much of a routine treatment, and the results have always been highly satisfactory. Infants need it when indigestion is more or less chronic and it will do valiant service in correcting the difficulties of digestion here encountered. In addition to medical care, much attention must be given to the hygienic surroundings of the child, its bath, its outdoor life, its exercise, the water it drinks and the quality and quantity of food taken. F. P. N.

ABSTRACT OF A PAPER READ BEFORE THE FIFTY-FIRST ANNUAL MEETING OF THE OHIO STATE MEDICAL SOCIETY, BY R. HARVEY REED, M. D., COLUMBUS, OHIO, ON "REVIEW OF THE RESULTS OF THE AUTHOR'S METHOD OF ANCHORING THE KIDNEY."

The doctor called attention to the paper he had read before the Columbus (Ohio) Academy of Medicine, November, 1894, on "A New Method of Anchoring the Kidney."

Quoting from this paper, he stated that his operation consisted "in making the ordinary perpendicular abdominal incision over the median line of the kidney. As a rule, it need not exceed two and a half to three inches in length, depending largely on the thickness of the abdominal walls. Having made the incision sufficiently large to get the fingers in and bring the kid-

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ney to its normal place, he then used a long needle which he had had made on purpose, varying from five to seven inches in length. Two of these needles were threaded with antiseptic silkworm gut or antiseptic silk, using but one ligature, armed with one of those long needles at each end. Having placed the kidney in its normal position (and in the case of a floating kidney secured the peritoneum so as to favor adhesions), he then inserted the first needle through the upper and inner part of the cortical substance of the kidney, directly through the muscles of the back, coming out between the eleventh and twelfth ribs. The second needle, which is on the other end of the ligature, is also passed through in a similar manner, about an inch from its fellow, through the upper and outer cortical substance of the kidney, making, as you will recognize, a 'staple stitch.' These ligatures are tied on the integument of the patient's back by an assistant. If necessary another suture is inserted in a similar manner through the outer margin of the kidney, the first needle of the second suture being passed about an inch below the last needle of the first suture, and the second needle of the second suture about an inch below the first needle of the second suture, through the cortical substance of the outer portion of the kidney."

The author stated that since devising this method of operation he has made five operations himself and assisted his colleague, Dr. Means, in making one, all of which were successful and in each instance the patient recovered without a bad symptom. In fact, there was scarcely a rise of temperature or change of pulse.

In two of these cases subsequent operations were made for ovarian trouble in which he had an opportunity to examine the anchored kidney and in each instance found it firmly adherent in its normal position, and so far as could be ascertained by manual examination, it was perfectly healthy.

It is true, the doctor said, that a half dozen cases are not enough to prove that this method of anchoring is without fault, but certainly it was sufficient to show that the method was practically devoid of danger, and from personal experience, he was thoroughly convinced that it was a great improvement in every respect over the old method of fixing a movable or floating kidney.

FORTNIGHTLETTES.

During the past twenty years 55,000 deaths have occurred from tuberculosis in Philadelphia.

The municipality of Paris is considering the question of sterilizing the water supply of that city.

Dr. Wingate Jackson, of Kansas City, died of consumption at El Paso, Texas, July 8th, 1896. Dr. Jackson went to Texas in search of health.

Dr. Burggraeve, professor of medicine in the University of Chent, and founder of the Dosimetric System, is ninety-nine years old. He drinks and smokes.

Dr. Joseph H. Branham of Baltimore, has sued the Tractio nCompany of that city for $20,000 damages for the death of his daughter, who was run over and killed by a car.

The physicians of Montgomery County, Kan., have organized tne Montgomery County Medical Society, with Dr. J. L. Davis as president and Dr. E. J. Bertenshaw of Elk City as secretary and treasurer.

The commissioners of charters of New York City have prepared a large and elegant tablet inscribed to the memory of Alfred Lebbeus Loomis, M. D., LL. D., who died January 23, 1895. The tablet will be placed in Bellevue Hospital.

So many Japanese have received diplomas from the University of Michigan, that they have been able to organize and maintain an alumni association in Tokio, Japan. Two Chinese women recently graduated from the medical department of that institution.

The personal estate of Sir John Russell Reynolds, Bart., M. D., who died on May 29th, last, has been sworn at $55,000.00 gross and $48,000.00 net. The executors are his widow, Lady Francis Russell Reynolds, his brother, the Rev. Henry Robert Reynolds and Mr. Kyme Wright.

The Journal of Medicine and Science remarks concerning vaccination, that the opponents of this most beneficial measure have only to enter Italy and witness the frequent outbursts of smallpox, and its ravages among the rural population, to be taught a lesson of its value. Blindness from smallpox, almost totally stamped out in England, finds frequent victims in Italy, where vaccination is only done sporadically among the country people.

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The Medical Fortnightly

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HUBERT WORK, M. D., - - - - Associate Editor.
THOMAS A. HOPKINS, M. D., - - - Associate Editor.
CHARLES WOOD FASSETT, - Secretary and Business Manager.

A COSMOPOLITAN BIWEEKLY FOR THE GENERAL PRACTITIONER.

THE MEDICAL FORTNIGHTLY is devoted to the Progress of the Practice and Science of Medicine and Surgery. Its aim is to present topics of interest and importance to the General Practitioner, and to this end, in addition to a well selected corps of Department Editors, it has secured correspondents in the leading Medical centers of Europe and America. News of Societies, and of interesting medical topics cordially invited.

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TO OUR READERS.—THE FORTNIGHTLY is in receipt of information from the Postoffice Department that second-class matter not having street address will not be delivered hereafter, but will be placed in the general delivery, to await call. We would, therefore, request our subscribers in the larger cities to advise us promptly where they wish their journal delivered, in cases where the wrapper does not contain the street and number.

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Volume X. **OCTOBER FIFTEENTH.** **Number 8**

Editorial Department.

Sydenham's Chorea.

THE *Medical News* of August 29th, has a valuable contribution to our knowledge of Sydenham's chorea, from the able pen of Dr. W. B. Pritchard, of New York. The conclusions drawn are as follows: 1. Chorea is more common in females, in the proportion of two to one, than in males. 2. The disease is more prevalent in the spring months than at any season of the year. 3. A neurotic heredity is of unquestionable importance as an etiological factor. 4. The disease seems to be especially liable to development in the unusually intelligent and precocious. Mental deterioration or perversion occurs only as a result (as a rule) of relapses of the disease. 5. Chorea may occur independently of either heart disease or rheumatism, but the frequency with which the three are found to be present in asservation is more than a coincidence. Further study is necessary before any positive conclusions can be reached as to the exact significance of this relationship.

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Diploma Mills.

IT IS deplorable to notice the number of half-equipped, second-rate medical colleges that exist in this country. In spite of rigid requirements for recognition, there are today schools in existence which have no more claim for such distinction than has a pigmy to be called a giant. According to the correspendence which has recently appeared in the *New York Medical Journal*, Chicago has her share of such barnacles, which alas, seemingly are under the protecting care of the Secretary of the State Board of Health. It is no credit to Illinois to witness such a "letting down of bars" as has been seen in medical requirements during the past year or two in that enlightened State, when a charter, and a roof under which to keep it, is stock in trade sufficient to start a medical college. Preliminary requirements, quizzes, or attendance upon lectures, are but specks upon the parchment which are brushed aside, in order that signatures may be appended, entitling, in the eyes of the law, the possessor of such a document the right to practice.

Has it come to this in Illinois, the great State, from which emanated the great Rauch, he who established high medical educational requirements, that a medical college is a medical college, when it has a charter and a place to put it?

No wonder Illinois is over-run with quacks, itinerant blood-suckers and montebank osteopaths. We would advice Still to move his still to Illinois where he can make moonshine doctors to his heart's content: i. e., if he has a charter. The standard recognized medical colleges of Chicago have nothing to fear from the competition of such so-called schools. They are the resorts where new feathers can grow on "the plucked," or else supply from second-grade timber a veneered product, which may look just as good, but like the Yankee razors, "made to sell, and not to wear." When the varnish comes off, they simply go to pieces, and if you give them time will follow Darwin's law of the survival of the fittest.

"Poor, over-burdened St. Louis," was the exclamation generally heard at medical meetings but a few years ago, when the subject of medical colleges was approached. Now, St. Louis is not "in it" compared to Chicago, where thirteen colleges with teaching faculties having 777 professors, adjuncts, instructors, etc., make up a regiment, the like of which has never before been seen in the history of civilization. We do not envy this aggregation of talent, for it is like the man of the sea, a burden, which grows heavier with time. Chicago will some day "in the good times that are coming bye and-bye," cast off this burden and assert her "I will" to keep diploma mills, quackery, etc., in subjection. Flush the sewers of this awful stench which must emanate where there is so much carrion. The standard medical colleges of Chicago will then feel relieved of this thorn in their side, which while it does not interfere with their legitimate work, is yet an irritation from which they must be relieved. The Illinois State Board of Health must investigate in reality, instead of apparently, and until it does the weed patch will grow, bear fruit and multiply F. P. N.

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Illinois Health University.

WE have before us the annual announcement of the Public Health University of Chicago. Of all the quack institutions infesting that great city, this certainly is the most deplorable. It is a disgrace not only to that city and State, but to the United States, to think that such humbugs can be chartered by such an enlightened State as Illinois. It is one of those institutions which permits the student to study at home, so says the announcement, which is but an appeal to the pseudo-idiotic individuals who want to be doctors of medicine, which honor (?) they can obtain by "carefully studying in their spare moments our printed lectures (sent by mail) and such books as we recommend, can qualify to graduate and receive the degree of M. D. without leaving home." Shades of Dr. Rauch, has it come to pass in Illinois, when such diploma mills can grind out doctors "while you wait?" Fortunately, for the medical honor of Illinois, its State Board of Health has not recognized the diplomas of this infamous mill, but for the sake of public health, of humanity, of national medical honor, this foul cesspool should be suppressed. To add to the awfulness of their effrontery, boldness and lack of common decency, they publish extracts from Prof. Senn's address before the American Medical Association, as a defence for their existence. Prof. Senn, unfortunately, has no redress from such blatant distortion of his masterly address, but to think that such a quack institution as the Illinois Health University should be so bold and so utterly devoid of common honor, is presumption, which is unendurable. Then the tirade which Armstrong and his clan make against regular medical colleges, boards of health and legitimate medicine, is sufficient to place the "whole gang" as belonging to the anarchistic, unfit, untrustworthy class of practitioners.

The portraits of the faculty, which appear in the announcement, ought to make a student suspicious of the whole concern. We hope for legislation which will not permit of such an institution to be chartered. They are a national disgrace and should go down to the vile dust, from which they sprung. Armstrong and his class are pests, as deadly in their attack upon civilization as is the cholera, and are worthy of no more consideration. What can be the matter with Illinois State laws, when such institutions can thrive, when osteopathy can flourish like the daisy, and quacks feed on public credulity unmolested? F. P. N.

Medical Care at Club Rates.

THE practice of medicine has degenerated to trade methods in certain quarters of this enlightened city. The spirit of competition has tempted the mighty followers of Hippocrates to forget that immortal oath which he framed, and which for centuries has made medicine a high calling, instead of a trade. The bargain counter and special sales-day advertisements, the gifts, prizes, etc., with which the grocer tempts the purchaser, the club rates in the purchase of soap, tea and what not, and "the discounts offered for cash," have proven too much for weak medical men, and they, thinking the club rate a good thing, propose to push it along.

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Alas! has it come to this, that hospitals have to fill their beds by stooping to such methods; the abuse of the free dispensary is bad enough for the young practitioner of medicine in St. Louis, but when hospitals for fifty cents a month, payable monthly, issue a pass book, entitling the holder (if his dues have all been paid in advance), "when sick, to be examined by the physician, the prescription and medicine; and in sickness or accident, bed and board, care of nurse and all the medicine and surgery required," then we think it is time to call a halt.

We regret that such a scheme exists in St. Louis; it is no credit to the hospital that conceived it, for when it is remembered that this hospital is associated with one of the medical colleges of the city, it is not fair to its graduates, nor fair to its own faculty to so pervert legitimate patronage to the level of the trades. We know it to be a fact, that practitioners associated with that school, would be glad to get some of the practice which is thus taken out of its legitimate channels and thrown into "the chromo with every package" methods.

We have no sympathy with such a scheme. It is belittling to medicine, it is narrowing to the broad policy which should govern medical men, and, above all, it sets an example to the young man which removes from him all those grand, honorable and lofty purposes which the fathers of medicine have struggled to perpetuate, and in their stead would inculcate the methods of the quack, place the estimate of medicine as a profession on the level with the "Baxter Street" second-hand dealer and raise the sign of the monger over the physician's door. Away with such trickery, it smells too much of discreditable traffic, and trails the name of medicine in the mire of commercialism. F. P. N.

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What Constitutes an Ideal Medical Journal?

THIS is a question which the progressive *Maryland Medical Journal* has been asking its patrons. It is one, which as an editor, we have endeavored to answer for some time. We feel confident that the policy which we have adopted in answering the question is the correct one, and as evidence we publish several of the responses which the *Maryland Medical Journal* received, which our readers will notice outline our policy exactly:

One wholly independent of "business" influences; able to rigidly select its advertisements, if it published any; edited by a physician in touch with the best men in all departments of medicine—with departments, under the editorship of men specially learned in their various departments, but under the control of the general editor. The articles should be carefully selected as contributions for our best magazines are, and should be "edited" before printed—as to their literary style—by some one capable of putting in good English, which is, alas, very much wanted in many of our medical journal contributions and in some editorials. The editor should discuss the leading medical topics of the day—fearlessly expose sham and pretence wherever found—and be the exponent of the highest aims of the profession.

E. N. BRUSH, M. D.
Sheppard Asylum, Towson, Md.

A journal should contain a short synopsis of the most important work done in every special line as well as medicine and surgery. This branch should be left to the judgment of different young leading specialists—e. g., the oculist, gynecologist, obstetrician, etc. (The young men have more enthusiasm.) It should also contain one or two leading original articles and see that they are *good*. A man will write good articles if he sees that he is going to get into good company.

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Baltimore.

J. W. CHAMBERS, M. D.

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The Medical Fortnightly

Correspondence.

LONDON LETTER

AN INTERESTING SESSION OF THE INTERNATIONAL CONGRESS OF DERMATOLOGY: NEXT MEETING IN PARIS, 1900.

[SPECIAL CORRESPONDENCE OF THE MEDICAL FORTNIGHTLY.]

As I intimated in my last, London has this year been honored by the International Congress of Dermatology, the proceedings of which I propose now to briefly summarize.

President's Address

The president of the Congress, Mr. Jonathan Hutchinson (whose portrait I am pleased to present) gave the opening address, in which he referred to the rise and mission of dermatology. He insisted on the importance of diseases of the skin from the point of view of general pathology and of the study of the processes included under tuberculosis and cancer. The role of the tubercle bacillus in relation to lupus vulgaris and other lesions was next considered, and the interest of such conditions as herpes zoster and herpetiform eruptions, the latency of vegetable parasites, the etiology of leprosy and the influence of syphilis, were touched upon. In an eloquent peroration Mr. Hutchinson wished success to the Congress. Professor Kaposi, on behalf of the foreign members, returned thanks in excellent English for this welcome, and was followed by Dr. Besnier (Paris).

The work of the Congress was carried on in two sections, dermatology and syphilis, with a con-joint meeting for the discussion of prurigo.

Dermatological Section

In the section of dermatology, Dr. Unna (Hamburg) read a paper on "The Etiology and Varieties of Keratosis." The process of keratinization takes place normally in the epidermal cells as they approach the surface. Pathologically this keratinization takes place in excess and irregularly leading to the formation of callosities in which the cells become heaped up in solid masses. A large number of beautiful microscopical preparations were shown.

Ringworm and Trichophytons

The most important discussion of all, perhaps, was that on "Ringworm and the Trichophytons," which was opened by Dr. Sabouraud (Paris), who commenced by paying a high tribute to the researches of Gruby conducted fifty-three years ago. The paper was divided into two parts, the first dealing with the trichophytons (with large spores), the second with the microscopon audouini (with small spores), which Dr. Sabouraud holds to be totally distinct.

I. A trichophyton gives rise to a circinate lesion in which two cryptogamic

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forms are met with—a filament or mycelium and a mycelial spore. In the lesion it excites it never assumes the form of external sporulation which is met with in artificial culture. As a result of a large number of experiments the conclusions arrived at are that there are several species of trichophyton, which may be classed as T. endothrix, which are met with in most cases of ringworm of the scalp, never attack the beard, and are never met with in animals; and T. ectothrix, which do not invade the hair shafts, are found on

Professor Kaposi.

the skin, are common in animals and rare in man. Certain mixed forms also exist (T. endo-ectothrix), and are met with in the beard and nails and are common in animals and are probably derived from them. The cultures of the trichophytons may be classed as follows: (1) Crateriform cultures, three species; (2) accuminate cultures, three species; (3) white powdery cultures, six species. Some of these organisms have pyogenic properties, others are never suppurative, all are probably capable of separate saphrophytic existence.

II. The "scurvy patch" of Gruby consists of fine, dry, gray adherent disquamation affecting the heads of children. The parasite is the microsporon audouinii. It forms mycelial threads within the hairs, but spores are found in rings, not threads, on the outside of the hairs only. The cultures differ completely from those of the trichophytons.

Mr. Malcolm Morris (London) did not consider that the difference in size of the spores of the two varieties of the fungus was sufficiently great to constitute a differentiating feature, this was rather to be found in the arrangement of the spores and their mode of growth on the hair. He considered that the classification into "endothrix' and "ectothrix" was unwarranted, being merely based on an accident of position. He concluded that there were only two varieties of ringworm fungus which concerned clinicians—one small-spored, causing the obstinate form of ringworm and occurring epidemically; the other large-spored, and responsible for the more tractable form of tinea of the scalp.

Section of Syphilis

In the section of syphilis the president opened a discussion on "The Duration of the Period of the Contagion of Syphilis." He said that it was universally admitted that the primary and secondary manifestations of syphilis were contagious. Although cases are met with where contagion has occurred very long after the primary sore, Mr. Hutchinson considered that the contagiousness had generally ceased by the end of the first year, and it was very exceptional for it to continue more than two years, after which time he always allowed patients to marry. Hereditary syphilis ceases to be infective by the end of the first year.

Professor Campana (Rome) did not think it possible to fix with any certainty the limit of contagiousness. Undoubtedly some manifestations, such as the gumma, were not infective.

Dr. Feulard (Paris) and Professor Lassar (Berlin) agreed with the last speaker as to the duration of the contagious period, but the latter did not think that it had been proved with certainty that tertiary lesions were non-

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infective. A discussion on "Malignant Syphilis" was introduced by Professor Haslund (Copenhagen). The term should not be applied to cases in which there was widespread tertiary ulceration. It should be reserved for extensive ulceration occurring not long after infection. It is difficult to ascribe it to any particular cause, it is not due to a difference in the ovius per se. As regards treatment, tonics, etc., are indicated, and mercury should not be given until the temperature becomes normal.

Professor Neisser (Breslau), Professor Tarnovsky (St. Petersburg), and Professor Schwimmer (Buda Pesth) agreed that tonics were the most useful, and mercury and potassium iodide not indicated.

Dr. Guntz (Dresden) mentioned that he had obtained good results by the use of small doses of potassium bichromate.

Dr. Assaky (Paris) read a paper on the treatment of secondary syphilis by the iodohydrate of the iodate of quinine with good results, and Dr. Balzer on the treatment of phagedenic chancre by irrigation with a warm solution of permanganate of potassium (1-1,000). A most interesting and instructive series of cases of rare diseases was exhibited and also specimens and cultures.

Upwards of 370 British and foreign members were registered as attending the Congress, and a number of social gatherings served to combine pleasure with business.

The next International Congress is to be held in Paris in 1900, and Dr. Besnier was unanimously elected president.

RICHARD T. HEWLETT.

Philadelphia Letter.

Once more the medical machine has started running full time in this city. The aristocrats of medicine have returned from their summer outings, from country residences, from seashore hotels, and trans-Atlantic excursions, and are again in amphitheatre and clinic room holding forth on the symptoms of disease and its treatment.

It is almost impossible during the summer to find a prominent physician in town; their houses and offices are boarded up just as tightly as those of their neighbors, and we who are less prominent remain to treat the great mass of humanity whose pocketbooks are not sufficiently filled to allow them to take a vacation.

The principal summer work is the treatment of infants, the old "summer complaints" and diarrhoeas, with their chalk mixture and bismuth accompaniment. The condition of the baby in the "slums" of our city during the summer months is pitiful. It would surely be within the province of the Humane Society or the Prevention of Cruelty to Children Society to devise some means to painlessly destroy the thousands of suffering hand-fed babies when they become affected. All sorts of charities are established to save these little ones, but still the mortality remains as high. There are sanitariums on the river shore, with free boat rides every few hours; the wharves lining the river front have been equipped with benches for the public; sterilized milk is sold at cost from several depots, and mothers and their charges are sent to the seashore and country, but still all this does not suffice to reach hundreds upon hundreds who live in court and alley, and who are exposed to summer heat and to the dangers of infected and poisonous milk. But the summer is over, thank the earth.

Colleges opened Oct. 5, and from all reports, are, notwithstanding the financial depression, more crowded than ever. The University is the exception, because it has raised its annual fees to $200. In these days of falling prices and gold appreciation, that price ought to be restrictive to a large extent. With a four years' course, tuition, quiz classes and text books cost in the neighborhood of $1,000, whereas ten years ago these things could be obtained for less than one-half. Board, the other chief item, is also as expensive as it was years ago, and therefore costs twice as much as formerly, because of the lengthened term of study.

There have been no important changes in the teaching staff of the colleges. Dr. Coplin has been made professor of pathology at "Jeff," Dr. MacFarland has transferred his affections from the University to the "Medico-Chi,' where he has the professorship in pathology, and Dr. Reisman, a very

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earnest student, succeeds him at the University as demonstrator in microscopical pathology.

The Pennsylvania Hospital, that noted institution so famous in the annals of Philadelphia, is being enriched by a spacious building, in which will be located the receiving wards, operating amphitheatre and lecture room. The lectures at this institution commenced Oct. 3, and are, as they have been in the past few years, free to students from all the colleges. Here the best talent of Philadelphia has ever held forth. The surgeons at present are Thomas G. Morton, John H. Packard, John Ashhurst, Jr., and Richard H. Harte; the physicians, J. M. Da Costa, Arthur V. Meigs, Morris J. Lewis and James C. Wilson. The hospital managers will hold their 146th annual meeting next May, the main building still standing having been built in 1752.

Medical societies are getting into shape again, and have commenced their regular meetings, and the usual amount of literature will originate therefrom.

We thus see that there is a season in the city for medical men as well as for the business men, and each year this is becoming more clearly defined.

M. V. BALL.

The Reviewers Table

WHITTAKER'S ANATOMICAL MODEL.—A Pictorial Representation of the Human Frame and Its Organs. With Descriptive Text by Dr. Schmidt. English Edition by William S. Furneaux, Author of "Animal Physiology," "The Outdoor World," etc. Illustrated. New York: Thomas Whittaker.

THE ANATOMY OF THE HUMAN HEAD AND NECK.—Graphically Illustrated by means of Superimposed Plates. With Descriptive Text by Dr. Schmidt. English Edition by William S. Furneaux, Author of "Animal Physiology," "The Outdoor World," etc. New York: Thomas Whittaker.

The different plates in Whittaker's Anatomical Models have been designed and colored with an accuracy which make the models of the greatest value to the student. In the study of visceral anatomy they will be found superior to the cadaver for some parts of the work; certain it is that they will be found invaluable in fixing the position and relations of the various organs. To the physician, their worth is not less. In this age of intelligent patients, where it is an advantage to demonstrate the organ, its appearance in health and the nature of its diseased condition, Whittaker's models will be found more satisfactory than any chart or drawing.

A STUDY IN HYPNOTISM.—By Sydney Flower. Chicago: The Pyschic Publishing Co., 1896.

This book is written in the form of a story, in which the principal facts and fancies of hypnotism are interwoven in a presentable style. While it is readable and logical, we cannot feel that it is destined to be of any great service to anyone in particular. A physician cannot use it, because the facts are so mixed up with freaks of imagination as to lead us to believe that its author has drawn a picture, the like of which he has never seen, and has colored it to suit his fancy.. Hypnotism has a very limited field of usefulness, especially so in the hands of the average physician. It will never be practiced as a regular procedure, and hence we cannot expect such books as "A Study of Hypnotism" to receive much recognition. F. P. N.

DIET FOR THE SICK.—Contributed by Miss E. Hibbard, Principal of Nurses' Training School, Grace Hospital, Detroit, and Mrs. Emma Drant, Matron of Michigan College of Medicine Hospital, Detroit. Second Edition. Enlarged. Limp Cloth, 16mo, 100 pages, price 25 cents, postpaid. Detroit, Mich.: The Illustrated Medical Journal Co., 1896.

In this little book there is, besides the useful formula for "Sick Dishes," foods and cooling drinks for convalescents, quite complete diet tables for use in anemia, Bright's disease, calculus, cancer, chlorosis, cholera infantum, constipation, consumption, diabetes, diarrhoea, dyspepsia, fevers, gout, nervous affections, obesity, phthisis, rheumatism, uterine fibroids. It also gives various nutritive enemas. The physician can use it to advantage in explaining his orders for suitable dishes for his patient, leaving the book with the nurse.

A CLINICAL STUDY OF THREE HUNDRED AND FIFTY-FOUR CASES OF FOREIGN BODIES SITUATED IN AND ON THE CORNEA. (Codex Medicus.)—Charles A. Oliver, A. M., M. D.

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Original Department.

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The Protection of the Innocent from Gonorrhœa.

BY FERD. C. VALENTINE, M. D.,

Professor of Genito-Urinary Diseases, New York School of Clinical Medicine; Genito-Urinary Surgeon, West Side German Dispensary, etc.

Read before the Twenty-fourth Annual Meeting of the American Public Health Association at Buffalo, September 15-18, 1896.

IN a paper entitled "When May Gonorrhœal Patients Marry?," read before the Medico-Legal Congress in New York in 1895, an endeavor was made to show the newest views of the disease and its far-reaching effects.

After publication of this paper in the *American Medico-Surgical Bulletin* for Sept. 7, 1895, I was favored with an extraordinarily large number of letters on the subject, which gave incentive for the present effort.

If justification were needed for the discussion of this matter, it would be found in the statistics of the German Empire for 1894. These show that of the women who died of uterine or ovarian diseases, eighty per cent were killed by gonorrhœa. They further show that of children who became hopelessly blind, after having been born with healthy eyes, eighty per cent. went into a life of darkness from gonorrhœa.

In Berlin, where perhaps the best facilities for collecting statistics prevail, there are 20,000 registered prostitutes and 25,000 unregistered ones. The registered unfortunates are regularly examined and thus, in great measure, prevented from disseminating disease. The death-dealing done by the 25,000 others is beyond computation.

Is there any reason to believe that a different condition exists in our own country? American statistics are not available on the subject; if they were, I have no doubt that the figures would be appalling. In view of these facts the mind readily reverts to the propriety of registration of *filles publiques*. But this would prove a mitigation, only, of the evil; by no means its obliteration. Inquiries made of men with gonorrhœa, show that the smallest number thereof contracted the disease from prostitutes. Manifestly then, their registration would offer but little protection.

Where then lies the hope of exercising the physician's noblest duty—the prevention of disease? Simply and purely, in education. We should educate our gonorrhœal patients in certain uncontrovertible facts, ever chosing terms within the grasp of their intelligence and education. Far be it from me to attempt to instruct this learned body in the details of this disease; my hope is only to so systematize the results of practice and special study, as to facilitate for my hearers, the method I employ.

The first and fundamental idea we should strive to inculcate is that *clap is never a trifling ailment*. This of itself is a startling statement to many. They have heard Tom Jones, let us say, boast of having had ever so many claps which he heeded as little as he would a "slight cold." But Thomas never made that remark while he had gonorrhœa. Moreover the likelihood

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is that his numerous claps were recurrences of the first, which never had been cured. "Not cured?" say you? Why, he had no evidence of disease, save a slight excess of moisture at the meatus, occasionally in the mornings and sometimes slight pain when he urinated. These symptoms too, disappeared when he used one or another of the much advertised drugs, which "abate all kinds of mucous discharges in three or four days." A careful, proper examination by the urethroscope would have shown either that the patient was in the condition mentioned above (chronic gonorrhœa), or that he never had had gonorrhœa at all. In the latter event, his condition would be one of catarrh of the urethra, which would have recovered more rapidly from milder treatment or none at all.

Although now we are not discussing the possible results of gonorrhœa to the person who acquired it from unclean sexual relations, it may be well to tell him how readily he can become impotent through invasion of the epididymes, how the disease-producers can invade the joints, the heart, the brain itself. The simplicity of all this is doubtless pathetic to my hearers. More pathetic still will the statement appear to them that a rather copious writer on sociological subjects confessed to me his ignorance of gonorrhœa as a death-dealing factor. Another brilliant writer, who associates much with physicians, asked me but yester-week where "the boil that produced his discharge" was located. On learning that he had no "boil" within the urethra, he wondered "where the pus and pain had come from." These gentlemen were types of cultured, highly educated people. Such as they can easily be taught that gonorrhœa is dependent upon the transmission of a microbe, called the gonococcus by Neisser, who discovered it in 1872.

This microbe multiplies with prodigious rapidity. It often ascends the whole 9 inches of urethra to or into the bladder; it penetrates the crypts, glands and follicles, it permeates even the tissues of the urethra.

Drugs taken by the mouth, hand-injections, as almost everywhere prescribed, can have no effect on gonococci. Many cases apparently recover from their use, at least the discharge stops—perhaps for years. The truth is that the urethra has become inured to the irritation.

Then this man, whom all, he concluded, considered the soul of honor, moral and physical cleanliness, commits murder—or what is worse than murder—he marries.

His wife grows inexplicably ill. The physician, suspecting from the symptoms which have not yet developed enough physical changes to be manifest by an examination, asks the husband whether he ever had gonorrhœa. Possibly he remembers it, but deems it so long in the past, as to have not even a remote bearing on his wife's illness. Indeed, it is difficult for many to believe that a gonorrhœa contracted 10, 15 or 20 years before, could again become communicable. That it can and does, in the marital relation, is more than proven. Miles of grave-stones over young wives' bodies throughout the land, mark the progress of the gonococcus.

But if the deeper female organs are not invaded, and the child in utero grows to full term and its eyes passing through the infected region become contaminated? There are 80 chances in 100 that it will lose "windows of the soul" and ever be a helpless burden upon those who love it.

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These few instances suffice to convince the average intelligent man, that gonorrhœa is a terribly dangerous disease. Should then the man once infected never marry?

The light of modern science, the electric light directly illuminating the urethra, and other tests and means of examination, will reveal whether it harbors infection. If it does, the disease must be removed, before marriage may be considered. And no matter how old the disease, it can be recognized and cured.

The mode of treating new cases has been discussed in other papers. In two of these * † it is shown that drugs given by the mouth and hand-injections, are of no avail. It is also there proven that by the methods advocated, over 95 per cent. of the fresh cases recover. The average time required to cure a clap is ten days. And the term "cured" is used advisedly, for not only do the manifestations of the disease stop, but the patient cannot communicate it to others.

These facts alone will serve, when they become public property, to protect the innocent from the effects of gonorrhœa. And though the dissemination of such knowledge, the noblest, highest purposes of associations like this are accomplished.

Jno. C. Valentine

242 West 43rd Street, New York.

* "The Technique of Urethral and Intravesical Irrigations." *Clinical Recorder*, February, 1896.
† "The Abortion of Gonorrhœa," *Journal of the American Medical Association*, June 13th, 1896.

DR. ALEXANDER B. SHAW died at his home in this city, on October 2d. In another issue THE FORTNIGHTLY will present a portrait and a more extended notice.

WE have always felt that the training given the nurses today fits them to discharge the duties of supervision incident to large hospitals, colleges, schools, etc., and have advocated their appointment on several occasions. It is with pleasure we endorse the appointment of Miss Amy Rule, a graduate of the training school of the Garfield Hospital, to the important position as superintendent of the Girls' Reform School of the District of Columbia. Miss Rule's training at the Illinois Central Hospital for the Insane and at Garfield Hospital, is such as to warrant us to believe that the board of trustees will find her capable, trustworthy and economical in her management. If our State institutions in the West would consider training and experience, instead of political influence, as the basis of appointment to positions of trust, there would be better service and greater renown to the management. The trained nurse is here to stay, and she will yet have her place in institution management.

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Consumption Curable.

BY S. L. KILMER, M. D.,

SOUTH BEND, INDIANA.

[*Written expressly for The Medical Fortnigbtly.*]

WANT of time has prevented me from an earlier accomplishment of my desire to write on the subject of curing consumption; but in the interest of humanity, as well as the medical profession, in the belief that it is my duty to do so, I now take the time to explain through your columns the method of treatment, by means of which in the last twelve or fifteen months I have been enabled to cure a goodly number of cases of consumptives in the early stages, and some in advanced stages, with hectic fever, constant cough, profuse expectoration, and great emaciation, without the loss of a single case in which treatment was begun within something like three months of the inception of the disease, and carefully continued.

The treatment is so simple, so devoid of anything mysterious, that it is quite probable there will be some doubters, as unfortunately the medical profession contains in its ranks some who never believe in anything, unless it is beyond their comprehension, so that they are obliged to search for it with the X ray. The great mass of the profession, it is gratifying to know, does not belong to that class, however, but is earnestly and anxiously watching for, and willing to accept and use any remedy which will enable it to successfully combat any disease, and especially consumption, whose disastrous ravages of human life exceed those of any other, if indeed not of all other, diseases. I have for years made trial of about every method of treatment that was recommended for consumption, as sulphuretted hydrogen gas, hot air, creosote, geranium, iodide of gold, chloride of gold and sodium, the Amick method, etc., etc., with comparatively little benefit from either of them, yet constantly hoping that something might be found which would enable me to successfully cope with this fell destroyer of mankind, so alarmingly prevalent in this vicinity; but was about to give up in despair, when, in some way, I began to make use of the treatment about to be described, and to my astonishment and gratification, with universally satisfactory and successful results. So satisfactory, and so successful, that I am convinced that if this treatment were universally adopted it would be the means of saving tens of thousands of precious human lives annually. The treatment is as follows:

NO. I.

℞ Compound Syrup of Hypophosphites.....
Emulsion of Cod Liver Oil.....
Phospho-Albumen.....
Rock and Rye.....aa ℥iv

M. ℈ Sig. Dose—A tablespoonful. To be taken after each meal.

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NO. II.

℞ Pine Tree Tar ..... ℥iv
Powdered Sugar ..... lb. 1¼
Alcohol ..... ℥i
Water ..... ℥i
Fluid Ext. Wild Cherry ..... ℥iv
Chloroform ..... ℥ii
Fluid Ext. Ipecac ..... ℥ii
Elixir Palmetto Compound ..... ℥viii
Simple Syrup or Golden Drips q. s. ad ..... Ol

Thoroughly triturate in the mortar the tar and sugar, then add, while stirring, the alcohol and water mixed, then the other ingredients, thoroughly mixing the whole mass. This makes an excellent expectorant mixture, and not unpleasant. The dose is a teaspoonful; to be taken every two hours.

NO. III.

℞ Sulphate of Quinine ..... ℥i
Pepsin Saccharated ..... ℥ii

M. Ft. capsules No. xx.

Sig.: One capsule to be taken every three hours.

The doses above are for adults, and can be varied as seems appropriate for each case.

Now comes the scoffer, and says this is *shot-gun* treatment. To such I reply, What if it is? If the shot-gun brings down the game while the rifle misses it, then if you want game use the shot-gun by all means; and in my hands this treatment brings down the game—that is the disease, and cures the patient, and that satisfies the patient and myself, even if it does not please the unreasonable and captious physician.

I might say in passing that I usually prescribe Fellows's or McArthur's Hypophosphites, although any other may do equally as well. My most frequent Cod's Oil Emulsion is Scott's. Phospho-Albumen is, I think, a comparatively recent therapeutic product, made by the Phospho-Albumen Co., Chicago, Ill. The Elixir Palmetto Compound is made by the S. B. Medicine Co. of this city.

I am not prepared to say *how* this treatment cures, but simply say that it *does* cure, and that with it I can almost positively assure a successful result in the treatment of practically every case of incipient consumption; and it cures, as above stated, many cases much beyond the incipient stage. Cod's Oil has, of course, long had something of a reputation in lung troubles, while the hypophosphites are great tissue builders. The phospho-albumen apparently has a good effect on the nervous system, and is more or less nourishing. The rock and rye is a stimulant and tonic; the tar probably carries with it the virtues of the pine tree, to the forests of which physicians are so much inclined to send their consumptive patients, so they may inhale the balmy pine-laden atmosphere; the wild cherry, ipecac and chloroform loosen the mucus, and prevent paroxysms or incessant cough,

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giving the patient the much needed rest; the Elixir Palmetto Compound, in addition to its expectorant qualities, is also a tonic and alterative, acting apparently on the eliminating organs of the system, and is a great flesh producer, as I have been convinced by its effects when prescribed singly in other diseases of a chronic and devastating nature. Quinine tones up the system, while pepsin assists the digestion. This is my theory of the manner in which the various remedies in this treatment perform their respective parts, but it may not be the true one. Certain it is, though, that after taking the treatment for from four to eight weeks, my patients find their disease in every way much less manifest; the appetite increases, digestion improves, cough diminishes; they sleep well, increase in weight and strength, eventually generally becoming stronger and fleshier than ever before.

Hopeful that this treatment carefully persisted in, will prove as efficacious in the practice of others, as it has in mine, I have the pleasure of offering it to the profession, bespeaking for it a careful, conscientious consideration.

DR. E. M. ECKARD has been added to the editorial staff of the enterprising and progressive *Peoria Medical Journal*.

"16 to 1."—Dr. Crusius has favored this magazine with a sublime conception of this much-discussed phrase, which we know will be appreciated.

THE G. F. HARVEY CO., of Saratoga Springs, N. Y., were among the first to introduce pills, tablets and triturates to the profession direct, thus popularizing this form of giving medicines. Physicians are now dispensing more than formerly, largely due to the reliable products of such houses as Harvey.

THE SOUTHERN CLINIC.—The terrible storm of September 29th rendered the *Southern Clinic*, of Richmond, Va., homeless. Dr. Bryce, in the September number of his journal, expresses his pleasure in the completion of his new sanitarium, and its ruin is a heavy blow to him. The doctor is teaching us that adversity breeds strength. We admire his courage.

THE PHILADELPHIA POLYCLINIC is today one of the best equipped institutions in this country for post-graduate instruction. Its recent announcement thoroughly illustrates its many facilities, and as the faculty is made up of men well established in their special departments of teaching, the Philadelphia Polyclinic is strictly high-class and reliable.

A GOOD FEATURE.—We congratulate the *Post-Graduate Medical Monthly*, of New York, on its excellent issue of July. It is a new and most commendable departure, to give the whole number to the publication of reports from one of their clinical departments. Prof. Chas. L. Dana and his associates in the neurological department have issued this number. It is full of interesting and valuable observations in neurological medicine. We hope this feature will be continued.

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Society Proceedings.

MISSISSIPPI VALLEY MEDICAL ASSOCIATION.

Twenty-Second Annual Meeting, St. Paul, September 15—18, 1896.

[STENOGRAPHICALLY REPORTED FOR THE MEDICAL FORTNIGHTLY]

Continued from page 544.

DR. J. HOMER COULTER, of Chicago, read a paper on

TONSILLOTOMY BY CAUTERY DISSECTION.

No subject in surgery or medicine has been much more prolific in interest and discussion than that of the tonsil. In the past ten years over 600 papers have been written on that subject alone. The size of the normal tonsil is still a subject of discussion with throat specialists. Some claim there is normally no tonsil to be seen; however, the most usual opinion is that there exists normally a colection of follicles between the pillars of the fauces protruding slightly above them. The tonsil is an almond shaped gland larger at one end than the other and somewhat flattened.

The methods usually employed for its ablation are the guillotine, igni puncture, the cold or cautery snare, or the knife. Each of these methods have practical objections to their use. Most important of these objections and one which applies to all of them is the fact that by no one of them can the gland be taken out. Unless this is done the part remaining will oftentimes produce as much trouble as did the former condition. The operation I propose obviates this objection entirely if properly performed.

With a well-heated small electrode the pillars are dissected away from the tonsil to one-half its extent. The gland is then, with suitable forceps, drawn well out and thoroughly, and entirely dissected out to about one-half its extent. This portion is then cut off and the surface treated with a strong solution of silver nitrate. In a week or ten days the other portion of the tonsil is removed in the same manner. This operation will give cosmetic as well as practical results unobtainable by any other process yet suggested.

DR. H. W. LOEB, of St. Louis: I have been very much interested in the presentation of this new method of tonsillotomy. I believe most decidedly in what the doctor has said about the lack of skill of many who attempt to remove the tonsils by the ordinary method. Very often they will take a piece off and by showing that to the patient or his friends, they imagine he has performed tonsillotomy. If the operator could see that patient five or six years later suffering from the same affections to which the remainder of the tonsil becomes subject, I think he would not be so well pleased. Removing a part can only improve the symptoms then present, and it does not signify that the tonsil will remain quiescent. It is unfortunate so valuable a method is not applicable to young children; in adults I do not think it can be improved upon. I have been practicing this method with some modification for some years. Instead of performing so much dissection it has been my plan to remove so much of the tissue as I could get in an electric snare. This is repeated as often as may be necessary to remove all the glandular substance. I think the method causes less soreness and less pain than that of Dr. Coulter and in many cases, particularly children, the results will be just as satisfactory. Furthermore, my method is applicable in case of young children.

This method of dissection is one that must commend itself in a great number of cases as being the very best possible. I most heartily agree with the author that removal of the whole tonsil is an absolute requisite if you wish to cure your patient. As to the voice changes suggested by some, I believe ablation of the tonsil does have a decided effect on the voice register, but I also believe it is always in the way of improvement. I also desire to state my disbelief in the uric acid diathesis having anything to do with tonsillitis, further than as a concomitant condition. I shall certainly provide myself with the special instruments used by Dr. Coulter and further investigate the

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operation. When in Chicago I had the opportunity of seeing some of these cases, and I must say for cosmetic results I have never seen the equal.

THE SURGICAL TREATMENT OF PYLORIC OBSTRUCTIONS,

was the title of a paper read by DR. W. J. MAYO, of Rochester, Minn.

This subject has not received the attention it demands from American surgeons. The differential diagnosis of serious pyloric disease is often a matter of the greatest difficulty. I have found the free exhibition of strychnia for several days previous to the operation of great value in preventing shock. The stomach should always be thoroughly washed out a few hours before the operation and nothing eaten afterwards. For combating the shock, besides strychnia and dry heat, a rectal enema of a pint of hot coffee should be given. Nourishment by the stomach should not be too long withheld afterwards. For twenty-four hours rectal alimentation should be used; in thirty-six hours some champagne, later buttermilk and a gradually increasing diet.

DR. A. F. HOUSE, of Cleveland: Opposed the use of the Murphy button and did not consider it the ideal method, as his experience had been somewhat unsatisfactory. I believe the less foreign matter one gets in the wound in uniting the bowel to the stomach, the better the result. I have discarded the button for the suture method. I believe much of the success in the use of the button depends on the skillful technique in using it. Perhaps I do not possess this skill.

DR. F. F. LAWRENCE, of Columbus: In case of malignant disease we cannot promise more than temporary relief and perhaps prolongation of life for a brief period. The simpler the operation the better for the patient. I doubt very much if resection in case of malignancy will give a permanent cure.

DR. A. J. OCHSNER: I should like to take away some of the good impressions the author has left regarding the hydrochloric acid test. I am convinced it is a most treacherous test. In suspected carcinoma the best thing to do is to make a colostomy. In some twenty cases I have used irrigation of the stomach with decided satisfaction. In this way the patient will sometimes become well enough nourished to better stand an operation when it is desirable.

DR. THOS. H. MANLEY, of New York, read a paper on

CONDITIONS WHICH MAY SIMULATE ORGANIC OBSTRUCTION OF THE RECTUM.

The author gave an extended, most interesting and practical paper. Putting new life and interest into the somewhat hackneyed, though none the less valuable, subject of constipation.

DR. I. N. LOVE: In discussing the paper of Dr. Manley said: "There can be no question that a majority of the diseases which afflict human beings, male or female, are largely dependent upon constipation, and consequently upon obstruction of the rectum. We are all of the opinion that a large part of the diseases of women are due to that factor. Their habits of life, their social, domestic and maternal duties, seriously interfere with that regularity which is so essential. Every individual

No term in all surgery is so often misapplied as conservatism. No aim is should be anxious to properly cleanse the sewerage system of the body. The pelvis of a woman should be left to be occupied by the proper pelvic organs. A faecal accumulation is a mechanical obstruction pressing these organs out of position. I am thoroughly in sympathy with the position taken by Dr. Manley, and we, as physicians, should impress the mothers and young ladies in their homes, that it is not only unsafe, but unesthetic and inartistic to retain these accumulations that should have a place in the sewers of the city. They should be made to realize that the alimentary canal is a food track in its entirety and that waste material should be removed from the bowels. There should be no necesable and correct diagnoses. Experience is and should be one of the greatest aids in diagnosis.

sity for cathartics or purgatives. Happy living, right living, successful living, depends quite as much on proper elimination as anything else.

DR. NORVAL H. PIERCE, of Chicago, read a paper on

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SUBMUCOUS LINEAR CAUTERIZATION; A NEW METHOD FOR REDUCTION OF HYPERTROPHIES OF THE CONCHAE.

The author called attention to the various methods ordinarily used for the reduction of such hypertrophies, and showed the disadvantages of such. The differentiation between hypertrophy and turgesence was pointed out. The operation proposed by the author was as follows: A small incision is made in the hypertrophied membrane, then with a blunt flat probe the mucus membrane is carefully separated from the erectile tissue underneath. Then a sound, the end of which is cup-shaped, and upon which has been fused a few crystals of chromic acid is inserted in the incision and the track already made by the probe is thus cauterized. The advantages of this method are that there is no hemorrhage. It is less painful than by any other method. The functional activity of the mucous membrane is not in the least impaired. Patients will submit to this operation more willingly than to the burning of the cautery. The method is the most simple of any yet suggested. The reaction is usually insignificant. There is no slough. The danger of atresia is obviated.

DR. COULTER complimented the author on the originality of his method and its various points of excellence, at least theoretically present. The main object to be attained is not only the redemption of hypertrophy, but as well the retension of function activity. Many operators in using the cautery destroy too much of the mucus membrane and do not go deep enough to remove or destroy any practical amount of the tissue underneath, which in reality is the pathological condition present. He suggested the possibility of the chromic acid being left within the operative field, in which case an undesirable slough would necessarily follow.

The practice of many rhinologists in using a broad flat electrode, and destroying a large amount of the mucous membrane, and in not going down to the bone is to be deplored, as irrational unscientific and impracticable. Inasmuch as by such measures they do not cure the hypertrophy, but do very materially reduce the functional capacity of the nasal mucous membrane.

DR. W. L. BALLENGER, of Chicago: You who have used this cautery must have learned to use it with more caution than you once did. The rationale of Dr. Pierce's operations is certainly an ideal one. If the hypertrophy can be removed without the destruction of any mucous membrane, little more is to be desired.

DR. H. W. LOEB, of St. Louis: It seems to me this operation is a thoroughly scientific one, if we can thus preserve the mucous membrane and its function. It occurs to me that antisepsis and asepsis would both be a necessity with this method. I would like to ask why we could not use a platinum wire properly made and introduced in the same manner. I have seen blindness result from cauterization of the interior turbinates; is there danger in the use of the chromic acid by this method?

DR. STUCKEY: We must determine whether it is an hypertrophy or simply a turgesence. If the latter, it may be simply an acute condition caused by some idiosyncrasy. If a true hypertrophy, this method would seem to be an excellent one, requiring, however, a considerable amount of technical skill. I am becoming more and more skeptical in the use of cocaine in the nose. There is the greatest danger of producing cocaine habitues by its use. I am able to get the same results without danger and less systemic disturbance by the use of a harmless solution of acetanalid.

DR. MUIR, of New York: In reference to the question of Dr. Loeb I can say in our hospital in New York we have tried the submucous cauterization with the cautery wire, but in each and every case an undesirable slough was produced.

DR. LOVE: Chromic acid needs to be used very carefully. It is very penetrating and must be controlled, but when controlled it is one of the kindliest cauteries we have. It produces an eschar, that clings closely to the bone. The idea of the author that the nutrition of the hypertrophy must be cut off is a most scientific and practical one. I wish to enter my protest against the indiscriminate and careless use of cocaine in the nose. There are going about the country today hundreds of men and women, miserable victims of the medical profession's careless use of cocaine.

—To be continued.

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AMERICAN PUBLIC HEALTH ASSOCIATION.

(STENOGRAPHICALLY REPORTED FOR THE FORTNIGHTLY)

The Twenty-fourth Annual Meeting of this Association was held in the City of Buffalo, New York, September 15, 16, 17 and 18, 1896, under the presidency of Dr. Eduardo Liceaga, President of the Superior Board of Health of Mexico.

After the transaction of routine business, the reading of papers was begun. We give herewith a concise account of the more important papers that were read:

DR. STEPHEN SMITH, of New York City, the first president of the association, made a few remarks regarding the growth of the association from its beginning and traced the progress it had made down to the present time.

The report of the Committee on Car Sanitation was read by DR. C. O. PROBST, in the absence of the chairman, Dr. G. P. Conn, of Concord, N. H.

The report states that anyone who takes an interest in this matter will soon become convinced that there is something lacking in the manner in which cars are cleansed and kept in good condition for the traveling public. THE RAILWAY CAR JOURNAL states that objection has been made to the use of compressed air in the cleaning of cars because the dust and grit carried along by the stream of air from the nozzle were of such a nature that it had a damaging effect upon the varnish, which was compared to the effect of the sand-blast. Much of the furnishing of first-class coaches is expensive and very delicate in its texture, requiring a great deal of care that it is not utterly ruined in a very short period.

From a sanitary point of view, no objection can be urged, unless it is the expense, against an inspection which will show whether or not coaches are in a clean, healthy condition, and, if found to be objectionable, the blame should be located where it belongs.

DR. DOMINGO ORVANANOS, of the City of Mexico, read a paper on

CLEANING OF RAILROAD PASSENGER CARS.

He said that as at present constructed, passenger cars on railroads could not be cleaned or disinfected with either ease or perfect security. The carpets, the woolen cushions, the hangings, curtains, and other ornaments would hardly permit of a complete cleansing either during the transit or even in the terminal stations of the lines. To afford any security against contagion, it was necessary that these cleansing operations should be carried out several times a day. To attain these objects the passengers cars ought to be constructed in a very different maner from their present style. It is desirable that the whole of the best clothing, including the blankets and curtains, should be changed daily, as well as the mattresses. It was part of the duty of the association to indicate all dangers and difficulties observed in railroad cars; and the author believes that when the majority of the public sees with horror foci of infection that are dangerous in proportion to their elegance, the builders will decide, at last, to undertake the first experiments that are necessary in accordance with sanitary science.

POSSIBILITIES OF CONTAGION OF VENEREAL DISEASES IN RAILWAY CARS,

was the title of a paper contributed by DR. THOMAS NORIEGA, of the State of Chiapas, Mexico, in which he cited the case of a married man, thirty years of age, who arose from his berth and, as was his custom, washed his face in the lavatory of a Pullman car. Two days after he felt the first symptoms of purulent ophthalmia, on account of which he consulted a physician. The patient was treated energetically, but, in spite of all efforts, the right eye was lost. Careful examination of the circumstances of the case showed conclusively that neither the patient nor his wife had the gonococus of the disease, and that the patient must have contracted the disease from the lavatory of the car. Other similar cases were reported.

DR. FREDERICK MONTIZAMBERT, of Montreal, General Superintendent of Quarantine of the Dominion of Canada, presented the report of the Committee on Steamboat and Steamship Sanitation.

DR. JAMES F. KENNEDY, of Des Moines, Ia., contributed a very interesting paper on

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THE INFECTIOUSNESS OF MILK. The object of the paper was to emphasize and intensify the importance of a sanitary inspection in addition to, if not to the exclusion of, the mere commercial examination. A faithful sanitary inspection must of necessity exclude all adulterants, whether for the purpose of increasing the bulk or changing the quality of the milk. The author then considered the danger from the transmission of tuberculosis by the blood and meat of tuberculous animals, and proceeded to the consideration of the danger from milk.

DR. FERD. C. VALENTINE, of New York City, presented a timely paper, entitled

THE PROTECTION OF THE INNOCENT FROM GONORRHEA,

(See page 563.)

The next contribution was on

ANIMAL DISEASES AND ANIMAL FOOD,

the author being DR. D. E. SALMON, of Washington, D. C. Animal diseases are now more intelligently managed by sanitary officers than ever before, and the meat inspection service has been steadily extended and perfected.

The author then takes up and considers at length the widespread prevalence of tuberculosis among dairy cattle, and says that the subject is now receiving serious attention in various parts of the country. Measures for the eradication of this disease have been undertaken by a few states and by a considerable number of cities.

The danger conected with the use of milk from tuberculous herds is emphasized by repeated instances where such milk has infected calves and swine to which it has been fed.

DR. FRANCISCO DE P. BERNALDEZ, of Mexico, read a paper on

THE PATHOGENY, ETIOLOGY AND PROPHYLAXIS OF TYPHUS.

The object of the paper was to indicate the most probable and apparent indirect causes from which this disease arises, and then institute measures for its treatment. The disease was caused by a microbe which had not yet been discovered. The disease can only be developed under certain climatological conditions. Throughout all the districts which are called the hot countries in the Mexican Republic the infection of typhus does not exist, while in temperate climates, at a higher elevation it predominates in endemic form. Among the determining causes of typhus it is found that chills or abrupt changes and prolonged variations of temperature are those which give rise to predisposition to direct infection. Out of 415 cases of typhus which the author has observed, he finds the chill accounted for in 285. These chills may have been produced by exposure to the air, by baths, by rain, or dry weather, following a prolonged exposure to the sun.

DR. ALBERT L. GIHON, late Medical director of the United States Navy, read an entertaining paper on

THE BICYCLE IN ITS SANITARY ASPECT,

from which we give extracts:

"Living in a part of upper New York where the clean, broad, smooth pavements are almost as admirable and attractive for riders of the double-wheel as those of Washington and Buffalo, I see—and see all the better that I am not one of the moving multitude—morning, afternoon and night and on to the very late hours of the night—what? A gliding throng which at first sight an oriental stranger might infer to be all men and boys, but on closer view is found to include both sexes and all ages. The much larger proportion of the unmistakable males are each contorted inta hideous caricature of the shape of man, a creature doubled upon itself, crouching, as if in fear, its face, peering intently and anxiously with contracted brows, compressed lips, pallid cheeks and restless eyes, its neck bent, its back curved into a curious hump, with chest and abdomen correspondingly hollow, its thighs at an acute angle upon the trunk, its arm flattened and its legs working like the piston-rods of the steam engine. Robert Grant, poetically apostrophizes a specimen:

Oh, youth who, bending forward, rides apace
With melancholy stamped upon your face
Pursuing pleasure with a frenzied eye,
Yet mocked by her, however fast you fly,
Are you aware how horrible you look?
No guy invented for a picture-book
Was ever a more painful sight than thou,
Lord of the bended back and anxious brow.

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Oh, sit up straight and try to wear a smile!
Be less intent to pile up mile on mile!
Enjoy the prospect as you ride along—
The trees, the sunshine and the robin's song;
To us who view you scorching day by day,
Bent on your bar in such an awkward way,
You are the homeliest thing on earth, my lad;
Oh, set up straight and make the landscape glad!

"As if to exaggerate the grotesque sight, at rare intervals there slowly passes a manly figure, erect, with ruddy, cheerful face, and graceful pose, seated comfortably as upon a horse, with arms drooping and leisurely treading upon the pedals as if walking, who, in all probability, is a medical man, the exemplar of what a bicyclist ought to be, is claimed to be, but in fact is not. With him I have little fault to find. I am only contending that the average man and boy who ride today, the vast majority of all who do ride, are doing so at the sacrific of health, under the pretense that they are seeking health."

Dr. Gihon ventured the prediction that a light three or four wheeled vehicle, impelled by some easily managed motor, inexpensive enough to be generally available, would be the means of progression for pleasure purposes in the future, covering long distances without fatigue, permitting sight-seeing and outdoor exposure without labor, and adding the charm of companionship and participated enjoyment, while the rational instrument of exercise for exercise's sake alone would ever be a pair of sturdy human legs.

Several other papers were presented to the association and discussed by leading sanitarians.

The following officers were elected:

President—Dr. Henry D. Horlbeck, of Charleston, S. C.

First Vice-President—Dr. Peter H. Bryce, of Toronto, Canada.

Second Vice-President—Dr. Earnest Wendy, of Buffalo, N. Y.

Secretary—Dr. Irving A. Watson, of Concord, N. H.

Treasurer—Dr. Henry D. Holton, of Brattleboro, Vt.

The next meeting of the association will be held in the City of Philadelphia in the fall of 1897.

FORTNIGHTLETTES.

Bicycle riding has been introduced into the Michigan Insane Asylum at Kalamazoo, for its beneficial effects on the patients.

Dr. J. S. Crawford, of Omaha, formerly of Cleveland, was killed, August 7, while crossing the tracks of the Missouri Pacific Railroad at Omaha.

Dr. H. Edwards, a dentist of Findlay, Ohio, recently lost both eyes and received a number of severe scalds by the explosion of a vulcanizing aparatus.

There has been a notable increase of yellow fever among the Spanish troops in Cuba. There are upward of 2,500 patients in th Military Hospital at Havana.

The Skin and Cancer Hospital of New York is erecting a new building at a cost of $80,000. It will contain all modern improvements, including a complete system of baths.

The weekly mortality from cholera throughout Egypt has fallen from two thousand to six hundred. It is expected that in November or December the epidemic will be entirely eradicated.

At the 128th annual commencement of Brown University, the honorary degree of LL. D. was conferred on Dr. George M. Sternberg, of New York City, Surgeon-General of the United States Navy.

Dr. L. B. Tuckerman of the Cleveland Medical Gazette is a candidate for legislative honors, having received the nomination for Congress in the 21st Congressional district of Ohio. We would expect the doctor to make a first class legislator but, unfortunately for his prospects his name appears only on the Populist ticket.

By reason of the laws of Russia, which discriminate so severely against Hebrews, it was found that all medical men of that race would be prevented from attending the International Medical Congress. A strong communication to the authorities of the congress, from the German profession, headed by Professor Virchow, has caused the government to suspend the act as it applies to the visitors to the congress. It is provided, however, that the passports presented by Jewish members shall be countersigned by a Russian consul.

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Favorite Prescriptions

Selected from our exchanges.

Urethritis.—Dr. Chetwood (*N. Y. Polyclinic*) employs the following internal medication in connection with the local treatment of urethritis in its various forms:

℞ Liq. potassæ.....3ii
Tr. hyoscyami.....3iv
Ol. santali or Ol. gaultheria.....3s
Mucil acaciæ, q. s. ad.....3iij

M. Sig.: A teaspoonful three time daily after meals.

Dry Pharyngitis.—Danet (*Progres' Medical*) recommends the following spray in dry pharyngitis:

℞ Ac. carbolici.....gr. iv
Tr. iodi.....m. v
Tr. aloes.....m. viii
Tr. Opii.....gtt. x
Glycerini.....3j

M. Sig.: Use as spray four or five times daily.

Acute Hepatic Colic.—1. Make a hypodermic injection of morphin-solution as needed for the pain. 2. Every half-hour give a wine-glassful of olive oil with lemon juice. 3. Rub the hepatic region with a flannel wet with this liniment:

℞ Oil hyoscyamus.....80 grammes
Chloroform.....
Laudanum (Sydenham's).....aa 10 grammes

M.

4. Have the patient suck ice and drink a little iced champagne from time to time.—*Practical Medicine.*

Warts and Corns receive salicylic acid in 12 per cent ointments, in Dr. Cantrell's clinic. In applying the ointment the advice given is that it should be kept in constant contact for forty-eight hours, at the end of which time the part is curetted and redressed for another similar period.—*Phila. Polyclinic.*

The New Faces—We take great pleasure in calling attention to the new advertisements in this issue of THE FORTNIGHTLY, especially the following: THE IMPERIAL GRANUM CO., "Imperial Granum," that sterling food for infants and the aged; KRESS & OWEN CO., New York, "Glyco-thymoline," for the treatment of nasal catarrh; HORLICK'S FOOD CO., Racine, Wis., "Malted Milk," an ideal substitute for mother's milk; H. K. MULFORD CO., Philadelphia, manufacturers of the standard Antitoxin.

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Reports on Progress.

COMPRISING THE REGULAR CONTRIBUTIONS OF THE FORTNIGHTLY DEPARTMENT STAFF.

GYNECOLOGY

BY JOSEPHINE MILLIGAN, M. D.,

JACKSONVILLE, ILLINOIS.

Supernumerary Urethra and Bladder.

(In the Milwaukee Medical Journal, No. 2, Volume III.)

M. Pean reports a patient having a supernumerary urethra and bladder. On the anterior wall of the vagina between the hymen and bulbus urethra was a projection in the median line. When pressed, urine flowed out from an opening three millimeters beneath the normal urethra. There was also connection with the bladder, as the patient desired to urinate if the contents of the pocket were pressed toward the bladder. This pocket was a vesical diverticulum, having a supernumerary urethra deprived of a sphincter, and so causing incontinence. This urethra and pocket were excised and the patient cured of her incontinence.

Vaginal Section.

In No. 3, Volume 7 of the New York Polyclinic Dr. W. H. Gilbert, surgeon to the Deaconess' Hospital, Evansville, Ind., reports two cases of vaginal section, going to prove that it is only in selected cases that the vaginal route is the better way to reach pelvic difficulties. If the abdominal route is followed there is less danger of wounding the intestines when bound down by adhesions, the ligatures are put on with less difficulty, and all adhesions are broken up more easily. The vaginal method is especially indicated where adhesions are not extensive, and where there is not much to be cut away. Even if the first cut be through the vagina if the organs are found to be closely agglutinated, it would be better to make an abdominal section, rather than to work on in the dark, unless the patient is in too low a condition to stand the additional shock.

In No. 759 of the Maryland Medical Journal, Dr. A. W. Johnstone writes on

The Relation of Menstruation to the other Reproductive Functions.

Menstruation which occurs in all erect animals is a shedding of the superficial layers of the endometrium, and is a kindred process to the moult in birds, to the dropping of horns and hair in the deer, and the loss of dermal structures which occurs periodically in many animals. Menstruation used to be confounded with ovulation and "the rut." Now very few, if any, operative gynecologists believe that they have any relation. Now it is known that the ovary is active before birth and continues to form Graafian follicles as long as the woman lives, and that during menstrual life probably no more that four or five ripe ova form during a year. In hundreds of pairs of ovaries the author has seen only a dozen freshly ruptured Greafian follicles, and it is his habit to operate the fifth day after menstruation. Also from observations made by Mr. Heape on monkeys, we would conclude that the connection between ovulation and menstruation is that if one of the four or five ova which form during the year happens to ripen near the end of the menstrual cycle, the congestion of the pelvis incident to menstruation so softens the ovary that the follicle is more liable to rupture at that time. That is, they are independent functions, both of which are essential to reproduction, and the cessation of either produces sterility. It is probable that in the natural state of animals rut and ovulation depend on the nervous system and general health, and menstruation is independent of the other two functions. In all wild animals the rut occurs only when the climatic and other conditions favor the highest develop-

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ment. All animals, viviparous as well as oviparous, have a disquamation time which follows the proceative season, as the deer shedding his antlers, etc. It is to be borne in mind that menstruation is a shedding or process of getting rid of over-ripe material that is formed for a special purpose, and which must be disposed of to make way for newer and stronger material. Woman is the only animal in which the rut is omnipresent. The endometrium of woman must always be kept in readiness to receive the ova, as in the human being nutrition is always at a high point and is not affected by climatic and other conditions which affect the lower animals, so menstruation by shedding the over-ripe material keeps the endometrium in fertile condition. If conception is missed, nature gets rid of this material in all horizontal animals by the lymphatics.

Remak's law that the epiblast and hypoblast have a dual existence and that they are two separate and distinct entities living side by side in the same body throughout life, is disproved by this fact, that the epithelium lining the endometrium is reproduced directly from the tissue beneath it, and that it does not always grow from epithelium. After spending much time and care in studying the subject, Dr. Johnstone concludes that karyokinesis is the process used in all production in the embryo, but in adult life the cell is produced from the granule, and this is the source of supply for the tissue waste from the wear and tear of everyday life.

The epiblast makes the sensory apparatus; it has to receive impressions, reason and issue orders.

The mesoblast, with slight assistance from the epiblast, makes all the muscles, bones, connective tissue and the generative and renal and other excretory organs. The hypoblast simply deals with the food that is supplied to it. In brief, the reticular tissue found everywhere in the body has the function of producing protoplasm, and this protoplasm in turn makes bone, epithelium and whatever may be needed.

Bicyling for Women from the Standpoint of the Gynecologist.

(A reprint from No. 1 Volume XXXI. of American Journal of Obstetrics.)

The Horse Versus the Bicycle.—The contorted seat in horseback riding tends to an asymetrical development. The dress is tight, with a tendency to force downward the pelvic contents, whereas the wheel should require an upright position tending to symetrical development, and the dress may be loose and comfortable. The wheel has the advantage in cheapness, safety, accessibility and the small amount of preparation.

The Sewing Machine and Bicycle.—The position at the machine of the corseted woman brings strong pressure to bear on the pelvic contents through the metal front pieces on the corset when her pelvic inclination is lessened. Her position also permits increased abdominal pressure to act on the pelvic cavity directly from above and at the same time her active leg muscles are pumping increased blood supply into the iliacs and lower vena cava; during this venous congestion the proas muscles, against which the ovaries and tubes lie, are working more or less vigorously; also the action of the leg is a constrained one, and the exercise is taken indoors. On the wheel the woman is dressed loosely and sitting upright, so most of her weight is on her tuberosities, with a level saddle placed fairly well forward, the thrust is chiefly downward, and the increased abdominal pressure is lacking; the leg work is very different, so all the objectional features are eliminated except the liability to excessive indulgence.

The circulation of the pelvis is increased; that is, a permanently increased tone may be looked for in all the pelvic contents.

The attraction is that cycling presents an hygienic out-of-door pastime for women whose out-of-door exercises are much limited by custom.

The Proper Dress in Cycling.—(1) A union garment, shirt and drawers in one piece; (2) shoes, stockings, a short pair of equestrian tights, and a pair of leggins to meet the equestrian tights

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above the knee; (3) trousers or bloomers or a short skirt; (4) shirt waist and jacket.

Cases in Which Cycling Has Proved Beneficial. — Membranous dysmenorrhea with cervical catarrh, melancholia with dysmenorrhea and constipation, and a relaxed levator ani, multipara with retroversion due to lack of tone in uterine supports, posterior parametritis.

Dysmenorrhea and its Treatment.

The chief cause of dysmenorrhoea is our faulty method of education, requiring too many hours a day spent in an ill-ventilated schoolroom, with additional work outside of the school. Rheumatism and gout are direct causes; also constipation and congenital defects cause this trouble. There are four well-marked varieties of dysmenorrhoea: (1) The neuralgic, or congestive, characterized by pain before the flow; (2) obstructive, characterized by pain coming on with the flow; (3) the spasmodic, with a profuse flow and a tendency to clotting, causing severe cramp-like pain: (4) the membranous, in which shreds or the whole lining membrane of the uterus is expelled, causing severe expulsive pains. In any given case there may be symptoms from each of these varieties, and the causes may also be various or there may be only one cause with one set of symptoms. Treatment, at time of flow, Cimicifuga with the salicylates if pain is of the rheumatic type; five grain doses of antikammia in whisky repeated every five minutes till twenty grains are taken; capsules of apiol or aperline every two or three hours where there is a co-existing anemia; viburnum prunifolium especially with cimifuga; dioviburnia in tablespoonful doses four times a day, beginning four or five days before attack and after flow is established every two or three hours is most successful. Avoid morphine unless compelled to its use. In addition to drugs, the patient should have rest in bed, hot applications to abdomen and extremities or hot vaginal douches for the period of the flow. Treatment during interval should be both constitutional and local. Constitutional: Proper diet, dress, exercise, mental exertion, regulate the bowels, marriage if the type is neurotic, but not if the type is congestive, obstructive or membranous; as a tonic, iron, strychnia, mercury, acids and cinchona; iodide of potash is especially valuable in chronic ovaritis. Local treatment: When necessary, dilation, curettage, electricity, applications of iodine and iodized phenol, pelvic massage, especially when there are adhesions and improper circulation. Preventive treatment should be begun in early youth; see that the child is hygienically educated.

Dr. L. M. Michaelis, in the American Medico-Surgical Bulletin, Volume IX. No. 2, cites a number of cases of

Ventro-Fixation of the Uterus,

and reports one of his own to show that bad effects may follow this operation in child-bearing women.

If the patient becomes pregnant after a ventrofixation, the growing uterus may pull on the adhesions binding the uterus to the abdominal wall, causing constant pain and discomfort. At the time of labor also the pain may be much worse, due to the dragging upon the site of the fixation at each contraction of the uterus. If the anterior uterine wall is firmly attached to the abdomen, that part can not increase in [illegible]wth as does the rest of the organ to gro[illegible]odate the growing fetus, so the acomm[illegible]d posterior walls become thinlateral a[illegible]th the advance of pregnancy ned and wi[illegible] dangerous state of tenuity may reach a [illegible]in. This condition prewhen labor sets[illegible]e rupture and uterine disposes to uterin[illegible] birth in such cases inertia; following [illegible]hage may occur. post-partum hemorr[illegible]in so high that The uterus may rema[illegible]of the question, natural delivery is out [illegible]e caused by due to misdirected forc[illegible]terus; the os improper position of the u[illegible] pains may does not dilate, though the [illegible] be severe and long-continued[illegible]n of the

In other cases the fixed portio d duruterus becomes so hypertrophie[illegible] mass ing pregnancy that a large, firm [illegible]nter- of muscular tissue results, which [illegible]s la- feres seriously with the progress of [illegible]ric bor by lessening the space at the pel[illegible]s brim and above which the child lies; this may also cause a transverse position of the child. There are many cases that go through a pregnancy after ventrofixation without any of these uncomfortable and dangerous symptoms, but it should be borne in mind that a favorable result may not follow.

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The Medical Fortnightly

OBSTETRICS

BY R. BRENT MURPHY, M. D.,

SAINT LOUIS

The Walcher Position.

The Walcher Position—by Andrew F. Currier, M. D., Med. News, Mar. 7-1896.

After discussing the various positions assumed by women in labor, the author quotes authorities to show the mobility of the pelvic bones at an advanced period of pregnancy. Thus Duncan says that in the latter half of pregnancy there is relaxation of the pelvic joints. This statement is confirmed by observations of Mme. Bowin and Chaussier, the former noticing a separation of the pubic bones during parturition to the extent of one inch. Boyer also noticed a separation of the sacro-iliac joint, to the extent of half an inch.

"These alterations in the dimension of the brim and outlet," says Duncan, "by movements of the pelvic joints, are not insignificant, but the reverse, and can be confirmed by every obstetrician of experience." When the limbs are flexed upon the pelvis the outlet of the latter is increased, but the inlet is diminished. The sacrum may therefore be supposed to have a motion around an imaginary transverse axis, the promontory advancing downward and forward, while the axis moves in the opposite direction, and vice versa. In the non-pregnant woman a movement downward of the promontory of two millimetres diminishes to that extent the conjugate diameter of the superior strait, while the apex of the sacrum by a corresponding movement is displaced upwards by four millimetres, increasing the tension of the sacro-sciatic ligaments and the dimensions of the inferior strait. By elevation of the pubic symphysis, or inclination forward of the promontory, the angle of inclination of the pelvis is lessened and the conjugate diameter of the superior strait is diminished by four to six millimetres.

These anatomical investigations and conclusions concerning the variations in the conjugate diameter of the pelvis, according as flexion or extension is practiced have been confirmed by various observers. I have carefully examined the papers of all these writers, and find their statements harmonious If, therefore, limited mobility is found in the pelvic joints of the cadaver and the non-impregnated woman, much more should we expect to find mobility in the joints of the parturient woman. The statements of Walcher are therefore based upon substantial anatomical facts. Walcher has been considered an enemy by the advocates of symphysiotomy. That he is an enemy of symphsiotomy is denied by Walcher; but inasmuch as in the five hundred and fifty labors which he annually saw at the maternity at Stuttgart there had been no cases requiring symphysiotomy (one case requiring caesarian section), all parturients with narrow pelvis being satisfactorily treated by means of the position of extension, with possibly the addition of some operative measure less severe than symphysiotomy, he could not be expected to favor the latter.

Walcher's thesis in regard to the position of extension was made in 1889 and was that the conjugate of a narrow pelvis was not a constant quantity, but might vary according to the position of the woman. If the woman were placed in the dorsal position, the legs flexed on the thighs, and the latter on the body, the body being somewhat elevated, the promontory of the sacrum may be readily reached by the finger in the vagina. In that position the conjugata diagnosis, according to different observers, measures from 9.7 to 10.4 centimetres. If now a pillow be laid under the sacrum and the legs allowed to hang downward, over the edge of the bed or table, as far as possible, the promontory may be felt receding as the knees drop, and the conjugate will then measure 10.5 to 11.6 centimetres.

Six observers are mentioned who made a series of measurements under these conditions and they observed a gain of 8 to 13 millimetres. The knees being again raised and the pillow removed, the original measures were obtained. A gain of 1 centimetre may

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therefore be obtained in the antero-posterior diameter between extreme flexion and extreme extension; it is sometimes less and it is sometimes much more. Reports of several cases are presented from authors who have made use of Walcher's suggestions.

What, then, are the indications for the use of the Walcher position, and what its objections?

(1). Cases of protracted labor in which the dimensions of the pelvis are normal or the antero-posterior diameter is somewhat shortened, the head being above the brim. The patient being placed in the position of extreme extension for an hour or more, the pelvic joints may become so relaxed, or the antero-posterior diameter lengthened by the necessary half-inch, that the head will engage and labor be terminated normally or with forceps; the high forceps, version, or symphysiotomy being avoided.

(2). Cases in which version, either cephalic or podalic, has been performed, or footling or breech cases. The flat pelvis, the generally contracted pelvis, transverse positions, occipito-posterior positions, are in this category.

(3). Cases in which some form of aperative procedure has already been adopted without success.

It has thus far been used after high-forceps operations, version, symphysiotomy, craniotomy and low forceps, and it will probably be shown to have a yet more extensive field.

The length of time during which this position may be used with advantage depends upon the effect which it produces upon the patient. It has been shown by those who have used it that it may be discontinued and re-employed without disadvantage, and sometimes with positive advantage. After the legs have been suspended half an hour or an hour, it would usually be desirable to discontinue the position for a time since it is tedious and may cause interference in the venous circulation of the legs and thighs.

The contribution of Walcher to practical obstetrics is certainly a valuable one, and will often prove as useful as it is simple and harmless.

Warnings to be Given to Mothers

J. M. Mabbott, quoted in American Journal of Obstetrics, June, 1896, says that the three following warnings should always be given to mothers: Warn them not to neglect any hemorrhage during pregnancy. Warn women during confinement to keep the hands away from the vulva and vagina. Mabbott mentions one case of fatal pyaemia in a colored woman which can be accounted for in no other way than by the fact that she had examined herself after delivery. Warn nursing women never to fall asleep with the infant at the breast. It is not sufficient simply to have the baby sleep in a separate bed. The writer has had two cases of death of the infant from suffocation by falling between the mother's breasts while she was asleep. A separate bed would prevent overlying, but it would not prevent this accident.

Diagnosis of Pregnancy by the Rontgen Ray.

In the Annales de Gynecologie, March, 1896, Varnier and his associates published a Rontgen ray picture of a uterus at 3½ mo which had been taken from the body of a woman dying of pernicious anemia. The picture gives an indistinct outline of the foetus, which appears much darker than the surrounding contents of the uterus. Dissection of the specimen confirmed the diagnosis made from the picture.

The writer's experiments with the Rontgen rays upon pregnant women, made during the month of February, 1896, showed that it is perfectly possible to obtain an outline of the living foetus in the body of the mother. The difficulties to be surmounted are the thickness of the tissues and the distance at which the Crooke's tube is necessarily placed from the foetus itself. By varying the electric force employed, and the time of exposure, it is undoubtedly possible to obtain a useful picture of the contents of the living womb.

At a coroner's inquest held on the body of a Chinaman who died in Montreal, it was found that death was caused by leprosy.

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Medical Melange.

TUBERCULOSIS OF THE LARYNX—ITS TREATMENT.

In his paper before the American Laryngological Association Dr. S. Solis-Cohen stated (American Medico-Surgical Bulletin) that in treating tubercular laryngitis he first uses a spray of hydrogen peroxide and then an alkaline detergent. He especially favors the use of formaldechyde. This substance occurs in commerce as a 40 per cent solution called formalin. By use of water at a diluent, solutions of formalin are made of various strengths up to 10 per cent, which is the strongest one used. The solutions are kept made up, as they cannot well be prepared extemporaneously. A 4 per cent cocaine solution is first applied, and then the subsequent burning pain is very slight. The remedy has seemed to reduce cough and lessen pain. Topical applications of bromoform produce a certain amount of local anaesthesia. In the discussion following the paper Dr. Gleitsmann, whose name is so intimately associated with the study of laryngeal tuberculosis, stated that he had used parachlorphenol in 2 per cent solution with much satisfaction. A shivelling and removal of infiltration took place. In this respect it was superior to lactic acid, which was especially applicable to ulcerated areas. The best way to prepare the solution was to use equal parts of glycerine and water as a vehicle.

THE COLLECTIVE INVESTIGATION OF DIPHTHERIA IN PRIVATE PRACTICE.

In summarizing their report on "The Collective Investigation of Diphtheria in Private Practice," the American Pediatric Society lays particular stress upon the fact that the essential point in treatment is the early employment of antitoxin, and strongly recommends the use of the most concentrated strength of an absolutely reliable preparation. That the product of the Mulford Company fully meets these requirements is fully proven by the fact that the Massachusetts State Board of Health has examined such samples of antitoxin as are offered for sale in that state, and report the following results:

"Serum No. 2 of Mulford Co. The label states that the bottle contains ten cubic centimetres of a total strength of 1000 units. The test confirmed the statement and showed the serum to be up to the guaranteed strength."

The Mulford Company, in addition to their regular standard of 100 units to each Cc., are now prepared to furnish antitoxin of a strength of 250 and 500 units to each cc., being the most highly concentrated serum now before the profession, and meeting the recommendations of the American Pediatric Society in every respect, i. e., maximum of dose with minimum of bik, thus obviating pain and annoyance to the patient, the necessary decrease in the amount of substances other than the serum introduced into the circulation, more rapid absorption, and, therefore, more prompt results.

The importance of preservatives cannot be over-estimated. Mulford's antitoxin is preserved by the addition of 0.5 per cent trikosol, which has proven the most satisfactory preservative, and is but a feebly toxin agent, while carbolic acid is undesirable as a preservative, since it is highly toxic; camphor and sodium salicylate are equally undesirable as preservatives, as they cannot be depended upon.

Forty thousand cases with less than 5 per cent of deaths is the record of over ten thousand physicians in active practice with Mulford's antitoxin. In not a single instance has any unfavorable reports been reported where Mulford's antitoxin was employed.

Mulford's antitoxin is guaranteed for at least twelve months, and exchange of antitoxin will be permissible within six months, thus ensuring a fresh, reliable serum at all times.

The firm will gladly forward upon application complete and latest literature on diphtheria, and detailed information regarding prices, etc.

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DR. BENJAMIN WATERHOUSE AND THE INTRODUCTION OF VACCINATION INTO THE UNITED STATES.

The introduction of the new vaccine virus into foreign countries was one of the most important problems which Edward Jenner and his English confreres had to solve.

Not only were they ignorant of the and the best method of preserving it, but it seems that there were also great differences of opinion among at least those who differed designedly or otherwise from Jenner, as to the best time to collect the virus, and exactly what to collect.

Jenner's method was to collect the virus on a silk thread which was used to convey the disease to the recipient by passing it through the skin.

Various other methods were tried. Impregnated lint, or threads inclosed between glass plates, or in bottles and in tubes sealed up with wax. Common steel lancets were charged with the virus much as we charge the ivory points today, and these were succeeded by lancets of silver, gold, and the ivory point, which we still use, though first adopted by Dr. DeCarro of Vienna, in the first years of this century.

Great difficulty was experienced in transmitting the precious virus to the eastern parts of Europe and to India, and other parts of Asia. Repeated trials were made; the first ship which carried a large supply was lost at sea, and other supplies spoiled on the journey, or were misapplied on their arrival. Jenner proposed to the English authorities that they should send in a vessel twenty people who had not had either the smallpox or the cowpox, and that these people should be in turn vaccinated during the progress of the voyage, from the preceding case, thus propagating the virus from arm to arm on the long journey, it should reach its destination in the distant Orient in a fresh and reliable condition. The authorities rejected Jenner's proposal, and the great philanthropist resolved himself to endeavor to effect what the government was unwilling to attempt, and started a subscription with his name at the head for one thousand guineas.

Fortunately before the design could be carried into execution, tidings arrived that Dr. DeCarro, of Vienna, had succeeded in transmitting the virus succesfully to Constantinople, and from thence to Bombay.

It was early in 1799 that the tidings of the great discovery reached the United States. Dr. Benjamin Waterhouse, of Cambridge, Mass., professor of the practice of medicine in Harvard University, received a copy of Jenner's work, and published an account of it in the Columbian Sentinel of March 12, 1799, headed, "Something Curious in the Medical Line." Not long after this he brought the matter before the American Academy of Arts and Sciences. John Adams was at the time not only President of the young republic, but also presiding officer of the academy, and was present at the meeting, and received the communication in a manner worthy not only of his own dignity, but also befitting the occasion and importance of the subject.

Soon afterwards Dr. Waterhouse succeeded in obtaining some of the virus, and with it vaccinated seven of his own children, six of whom went through the disease in the usual manner. He afterward tested the efficacy of the protection by sending three of the children to the smallpox hospital, and one of them was inoculated with smallpox matter by two punctures, and an infected thread was likewise drawn through the skin. No result beyond a slight local irritation was produced.

The successful vaccinations of Dr. Waterhouse's family awakened an intense zeal in the subject, and we are told that the zeal of the medical men was excited to an unparalleled degree; but, unfortunately, their discretion did not keep pace with it. They disregarded the cautions which Jenner and Dr. Waterhouse had given and failed to pay proper attention to either the state of the matter they used, or to the progress of the pustule. Others, not of the medical profession, entered into the traffic, and even "obtained the shirt sleeves of patients which had stiffened by the purulent discharge from an ulcer consequent on vaccination. These they cut into strips and sold about the country as impregnated with the true

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vaccine virus. Several hundred persons were actually inoculated with this poison, which, in several cases, produced great disturbance in the constitution."

Through such quackery as this, and the carelessness of others, Dr. Waterhouse found that he had lost his stock, and wrote to Dr. Jenner for a new supply, which arrived in the spring of 1801. He sent some of the new material to President Jefferson, in whose hands we are told it perfectly succeeded, and thus, by his example and words, gave fresh impulse to the recognition of its value. In the course of July and August he, with his sons-in-law, vaccinated in their own families and those of their neighbors nearly two hundred persons.

President Jefferson also introduced the vaccination to the native Indians, an embassy of whom happened to be in Washington in December of that year. Dr. Waterhouse, in a letter to Jenner, thus describes the introduction: "The President one day sent for the chief (named Little Turtle), and told him that he had a matter of great importance to communicate to him for the benefit of the whole tribe of his red children. He told him that the Great Spirit had lately made a precious donation to the enlightened white men over the great water, first to a single person, and from him to another on this side of the waters, and then explained to him the mystery of the kinepock, as a gift from heaven, to preserve them from the smallpox, and even to banish it from the earth." The chief was vaccinated, together with several of his companions, and departed for their native wilds, taking with them a supply of the virus, and instructions for its use.

On the 8th of November, 1807, the Council of the Five Nations sent a belt of wampum to Dr. Jenner, with a letter, from which I extract the following: "We shall not fail to teach our children to speak the name of Jenner, and to thank the Great Spirit for bestowing upon him so much wisdom and so much benevolence.

At the time that Dr. Waterhouse received his second supply of virus, Dr. Benjamin Rush and others in Philadelphia were also provided with a similar portion. Thus Philadelphia became, like Boston and Washington, also a center for the dissemination of vaccination in the United States.

In the Medical Repository for 1801 I find the following account of a supply being received in New York: "Dr. Pearson, of London, has obligingly transmitted to Dr. Miller another thread impregnated with the matter of the vaccine pock, for the purpose of making trial of this substitute for the smallpox in the United States." Unfortunately for Dr. Miller and his New York confreres, the two men who probably did most to discredit vaccination in Great Britain were this Dr. Pearson and Dr. Woodville, who in their positions, in charge of the smallpox hospital, had had a large share of the business of inoculation in London, and while they seemed to enter heartily into the new method which was expected to break up their business, they conducted their experiments so carelessly that they found themselves using a virus which would not do what Jenner and his followers claimed for it. It was probably some of this virus which Dr. Pearson sent to Dr. Miller; at any rate, we find that vaccination was for a long time discredited in New York, and it was not until through the careful perseverance of Dr. Waterhouse and his followers that this vicinity was at last supplied.

For many years Dr. Waterhouse vindicated vaccination against the ridicule and opposition he encountered, both from the profession and the prejudiced public. In 1812 he resigned his professorship and private practice to accept from President Madison the medical supervision of the military posts in New England, thereby having opportunity to extend the blessing in an official capacity.

Dr. Waterhouse (sometimes called "the American Jenner") was born in Newport, R. I., March 4, 1736. At the age of sixteen he began his professional studies with Dr. John Haliburton, of Newport, and after seven years' pupilage, went abroad and became a pupil of Dr. John Fothergill, in London, subsequently attending medical lectures in Edinburgh and Leyden, where he was graduated.

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On his return to America he began practice in his native town, but was in 1783 invited to assist in establishing the medical school at Cambridge, and accepted the chair of the theory and practice of physic, which he occupied for thirty years. During this time he did much to encourage the study of natural sciences. He obtained for the college Dr. Lettsom's large and valuable collection of minerals, the foundation of the present cabinet of the University, and introduced the study of mineralology, then almost unknown in the United States.

In addition to his chair in Harvard, he was also professor of natural history in Brown University, Providence, and the first lecturer on the subject in any American school.

He also procured the establishment of the botanical garden at Cambridge which has grown into such noble proportions.

He wrote much on the subject of vaccination and other medical topics, as well as on subjects of natural history. He also contributed largely to the political journals of the day, and wrote "The Botanist" (1811), and "An Essay on Junius and His Letters" (Boston, 1831), in which he attributed the letters to Lord Chatham.

The writer has before him a disquisition of the evils of tobacco smoking, being a lecture delivered to the students at Harvard College while he was professor of practice of medicine. He has also some autograph letters from Dr. Waterhouse, all of which (5) bear evidence of the doctor's impecuniosity. One to William Winthrop, dated December 20, 1814, after asking the extension of a small loan and inquiring whether his correspondent had any hay to dispose of, continues: "Through the failure of a faithless promiser, entirely out of that necessary article, I ment to ask you to let me have a load of it, and wait for the pay thereof until the 15th day of February; a few days prior to which I am assured, positively assured, that the now stagnant pools will be again converted into running streams, fertilizing, gladdening, and refreshing the now dry and thirsty ground of Republicanism.

"I dare not say a word like this to a Federalist, who would say, as they have said: 'I told you so. Come over to us and you shall live in clover.' But I dare say to a rich brother Democrat that the inconvenience, vexation and embarrassment which this unexpected stoppage of pay for seven months presses upon me full as hard as any of the Junto folks could wish."

Let us hope that the doctor's horse got its hay, and the doctor's pecuniary embarrassment was speedily relieved.

LETTER FROM THOMAS JEFFERSON TO DR. JENNER.

Monticello, Va., May 14, 1806.

Sir: I have received the copy of the evidence at large respecting the discovery of the vaccine inoculation, which you have been pleased to send me, and for which I return you my thanks. Having been among the early converts in this part of the globe to its efficacy, I took an early part in recommending it to my countrymen. I avail myself of this occasion to render you my portion of the tribute of gratitude due to you from the whole human family.

Medicine has never before produced any single improvement of such utility. Harvey's discovery of the circulation of the blood was a beautiful addition to our knowledge of the ancient economy; but on a review of the practice of medicine before and since that epoch, I do not see any great amelioration which has been derived from that discovery. You have erased from the calendar of human afflictions one of its greatest. Yours is the comfortable reflection that mankind can never forget that you have lived; future nations will know by history only that the loathsome smallpox has existed, and by you has been extirpated. Accept the most fervent wishes for your health and happiness, and assurances of the greatest respect and consideration. TH. JEFFERSON.

—J. H. Hunt, M. D., in Brooklyn Medical Journal.

Medical students may learn of an opportunity to secure a high-grade bicycle free by addressing Bike, care Medical Fortnightly, St. Louis.

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PEROXIDE OF HYDROGEN.

Dr. Warren Brown, of Tacoma, Wash., in a paper on "Peroxide of Hydrogen, read before the Washington State Medical Society, and published in the Medical Sentinel of Portland, Ore., February, 1896, after alluding to its method of manufacture, speaks of it therapeutically as follows:

Gonorrhoea may often be aborted by using a full strength hydrogen dioxide injection immediately on the very first appearance of discharge. The injection should be used four to six times in twenty-four hours and retained for five minutes.

Cystitis, where pus is voided with the urine, often yields rapidly to injections of a solution containing two ounces to the pint.

Otitis media is treated by hydrogen dioxide solutions in various strengths from 6 per cent upward.

Eye diseases, where there is a purulent external inflammation, are constantly being benefited by this agent. The Wills Eye Hospital, Philadelphia, uses a 50 per cent strength of the so-called 15 volume. Blepharitis marginalis is quickly cured by touching the edges of the lids once or twice daily with a strong solution, care being taken to avoid getting it into the eye.

Ulcers of all kinds improve rapidly under its use, and for treating and cleansing venereal sores, as chancroids, etc., it is of great service.

Empyema, especially where there is from the first a stinking sanious exudation following incision, is very satisfactorily treated by washing out the cavity with a solution from one-half to full strength.

In appendicitis, the abscess cavity is cleansed with this solution by many operators, in preference to any other antiseptic. Robert T. Morris, of New York, has laid special stress on the value of the peroxide in these cases.

In follicular tonsilitis, the use of a spray, diluted just enough to prevent the smarting sensation, and alternating with this, one of the alkaline antiseptic sprays, or gargles, is a very satisfactory procedure.

Diphtheria and all naso-pharyngeal inflammations where there is a pseudo-membranous and septic condition, have been treated very widely by means of this agent. I like the plan of Jennings in Detroit, who uses an irrigation of an aqueous solution of one-eighth each of hydrogen dioxide and listerine. He throws the solution into the pharynx with an all-soft rubber syringe every one, two or three hours. The plan is an admirable one for treating children, and the combination is pleasant and effective.

Atrophic rhinitis is benefited remarkably by the use of a 40 per cent spray. It should be used a few minutes before the employment of the usual alkaline, stimulating spray, and the powder insufflations. In this way the scabs are loosened, muco-purulent secretions are dissolved, and a stinking breath is converted into one that is pure and sweet.

In acute cases of eczema of the leg, we find this agent of the utmost value. The tissues are inflamed, hot, swollen and oozing. the itching is almost unendurable. The odor is offensive. To secure the best results the limb is elevated, and a diluted solution of the peroxide is applied frequently, with cheese cloth, gauze or an atomizer. In two or three days a marked change for the better will be apparent, the pruritus is allayed, the purulent exudation is checked and all inflammatory symptoms are subsiding. At this stage we begin the use of a soothing ointment, such as the boracic acid or zinc oxide, using lime liniment to wash the parts instead of water. Under this treatment, combined with rest, we will see our patient rapidly cured.

Eczema of the anus will rapidly improve if the fissures are touched twice a day with this solution, then dried gently with cotton, and a glycerite of lead application made. In nearly every form of acute eczema in the first and second stages the peroxide will give us the keenest satisfaction. The regular solution is diluted with two or more parts of water. Hydrogen peroxide is an excellent anti-pruritic, and for this purpose it is widely used.

The haemostatic value of this drug, as pointed out by Dr. Emerson Brewer of New York, I can indorse. In operations on the nose and throat I have upon two occasions been enabled to check a persistent hemorrhage, when

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Monsel's solution and plugging had failed. At present I am in the habit of aplying the full strength hydrogen peroxide after every operation on these parts. It is of spebial value after sawing out a deviated septum.

For flushing out a mammary abscess cavity this agent is invaluable.

Applied to the cervix uteri, adherent mucus is removed and our medications can be applied.

When it is inadvisable or impossible to make a complete opening of a fissure or abscess, irrigation with the peroxide will be found superior to all other antiseptics.

We have in peroxide of hydrogen a prompt, safe and efficient germicide. By its oxidizing power it rapidly decomposes pus, diphtheritic membranes, and other morbid putrifying material. It is a thorough deodorizer, and as a cleansing agent for foul wounds, abscesses, etc., it has no equal.

Of the different preparations of peroxide, Marchand's has been most uniformly satisfactory.

Since writing the foregoing paper my attention has been called to hydrozone, a stronger solution of peroxide of hydrogen, which for some months I have been using with much satisfaction.

INDIGESTION—ERUCTATIONS—DYSPNOEA.

Dr. Alfred E. Meyer says he has been using "Maltine with Wine of Pepsin," at the New York Polyclinic, and also at the West Side German Dispensary, in his gynecological clinic with signal advantage with women who are suffering from chronic indigestion, and he also gave it a trial in his private practice. One patient, a lady who had for years had frequent attacks of indigestion, received so much benefit from its use that he decided to report the case.

The attacks usually came on about an hour after eating, the symptoms being great distension of the abdomen and a feeling of soreness and dyspnoea. The attack usually lasted from one to two hours. She had been put on various methods of treatment, not only on different preparations of pepsin and pancreatin, but also on dietetic treatment, without any marked or permanent benefit. After beginning the use of "Maltine with Wine of Pepsin,"—a small wine-glassful after each meal, she did not have another attack. The remedy was continued, and there appears to have been an entire mitigation of the disagreeable conditions under which she had labored for so long, and this, too, without any special reference as to change of diet. It was noticed that in taking a dose at the beginning of the treatment there were continued eructations of gas, but the uncomfortable symptoms were relieved in a very short time.

Dr. Meyer says he thinks that the combination of "Maltine with Wine of Pepsin" is a very happy one.

CAROID.

Caroid is receiving just recognition from the profession for its value as a digestive ferment. It is a highly concentracted extract from the pawpaw, and being purely vegetable, is clean and pure. It will digest all varieties of food in either acid, alkaline or neutral medium. It can be combined with antiseptics without destroying its digestive properties. It cleanses the stomach walls, removes mucus from the alimentary tract, and promotes the generation of natural digestive fluids. It will destroy diseased tissue, but not act upon living tissue. Its range of usefulness, then, extends from the treatment of stomachic and intestinal disturbances, including indigestion in all its forms, to surgical practice, because of its action on diseased membrane, etc. It is given in powdered form, placed upon the tongue, and washed down with a wineglass of water. In comparing its action with pepsin one is struck with the rapidity of action of caroid, and further, its wide range of drug combination, it being possible to combine it with all drugs without disturbing its action. The well-known house of Charles Roome Parmele Company, New York, is the selling agent.

Dr. John S. Davis, of the Cook County Hospital, Chicago, writing under date of March 1st, 1896, says:

"I have found Campho-Phenique Powder to be indicated in dermatological practice, and especially when a dry stimulating dressing is needed. I have used the powder in quite a number of syphilitic ulcers and in ulcers of a scrofulous nature, and always with the best possible results. No dry dressing that I have ever used in my practice, in this class of diseases has given me so much satisfaction or yielded results so encouraging."

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Issued First and Fifteenth of Every Month by the Fortnightly Press Co.

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HUBERT WORK, M. D., - - - - Associate Editor.
THOMAS A. HOPKINS, M. D., - - - Associate Editor.
CHARLES WOOD FASSETT, - Secretary and Business Manager.

A COSMOPOLITAN BIWEEKLY FOR THE GENERAL PRACTITIONER.

THE MEDICAL FORTNIGHTLY is devoted to the Progress of the Practice and Science of Medicine and Surgery. Its aim is to present topics of interest and importance to the General Practitioner, and to this end, in addition to a well selected corps of Department Editors, it has secured correspondents in the leading Medical centers of Europe and America. News of Societies, and of interesting medical topics cordially invited.

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TO OUR READERS.—THE FORTNIGHTLY is in receipt of information from the Postoffice Department that second-class matter not having street address will not be delivered hereafter, but will be placed in the general delivery, to await call. We would, therefore, request our subscribers in the larger cities to advise us promptly where they wish their journal delivered, in cases where the wrapper does not contain the street and number.

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Volume X. **NOVEMBER SECOND.** **Number 9**

Editorial Department.

Illinois State Medical Society.

THE transactions of the Illinois State Medical Society for 1896 has been received. They are a credit to that enterprising and progressive society, which under the able Presidency of Dr. D. W. Graham, of Chicago, held one of the most scientific meetings in its history at Ottawa, in May. The attendance according to the register, was the largest in the history of the society for many years. To Dr. J. W. Pettit, of Ottawa, should be given much of the credit for the attendance, as he worked early and late to enthuse physicians in Northern Illinois in the Ottawa meeting. The next meeting will be held in East St. Louis in May, 1897, and we hope that physicians in Southern and Central Illinois will personally see to it that this meeting will be equal to that of the one held at Ottawa. Dr. A. C. Corr, the President of this society, can call on the FORTNIGHTLY for all the help we can give to aid him in creating enthusiasm.

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Dr. A. B. Shaw.

PERHAPS the most wonderful product of any American sculptor is the recent masterpiece of Daniel C. French, of New York, a cast of which is in the Museum of Fine Arts in our own city. It is called "Death Staying the Hand of the Sculptor." And in the composition a sculptor, young, and vigorous and manly, is chiselling out the features of the sphinx, and, as he thus stands, with every muscle denoting action and interest in his work, the artist has placed beside him the death angel, who reaches out a cold hand and touches the sculptor as he works. There is a world of mystery in the sad and pallid face of the angel, which is reflected in the face of the sculptor. There is in it nothing of the fear or horror we so often associate with death—only wonder, and surprise and mystery.

There is something akin to this feeling in the death of Dr. Alexander B. Shaw, which occurred in this city on October 2d. With the promise of a long life before him, death stayed his hand in the very midst of a professional career which had been successful from its beginning. Gifted as few men are with a fine presence and a charming personality, Dr. Shaw made friends readily, and by his sterling character "grappled them to his soul with hooks of steel." His professional success was aided by a certain positiveness of character which marked his every action. It made him rank high as a teacher in his chosen field of neurology, to which, in addition to his professorial duties, he had contributed a text-book and many important papers. His term of office as President of the St. Louis Medical Society was a most successful one, and was marked by executive ability of a high order.

Of a most hospitable nature, Dr. Shaw was fond of entertaining his friends at his home, and an evening spent in this way was a pleasure long to be remembered. Greatly as he will be missed by his professional brothers and by his patients, his loss will be most keenly felt in his home where, in addition to the wife of his youth, and the children who were his companions and friends, an aged mother survives him. J. J.

The American Medical Journalist.

A MEDICO-LITERARY magazine of current scientific comment is announced to soon appear under the editorship of Charles Wood Fassett. As its title indicates, this will be a magazine devoted to the interests of those engaged in literary pursuits, in medical pharmaceutical and allied sciences, as well as to those who use the advertising pages of professional mediums. The editor, publisher and business manager, will each have their respective departments, and an able corps of medico-literary writers will discuss the living questions of the day, affecting the attitude of the medical editor. The subscription price will be $1.00 per annum.

DR. FLORENCE W. HUNT, of Chicago, has removed to the Reliance Building, 100 State street.

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Alexander B. Shaw M.D.

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Mr. James Christie.

IN a former issue we spoke of the untimely death of Mr. James Christie, and now through the kindness of his brother, Dean Christie, of Jacksonville, Ill., we are able to reproduce his photograph and give a short biographical sketch. Mr. Christie was a native of Canada, having been born in Owen Sound, Ont., July 30th, 1858, where his parents still reside. He entered the drug store of Parker & Co. of that city to study pharmacy, and was subsequently a student at Ontario School of Pharmacy, from which institution he was graduated in 1876. He was for two years in the employ of Manley & Co. of Ontario, after which he went to New York, where he served as drug clerk in a number of stores, and finally engaged with Fairchild Bros. & Foster, by whom he was employed when he died. For over twelve years he has faithfully served this firm, and at the time of his death was their Western representative, with headquarters in Chicago. Mr. Christie had a wide acquaintance with the medical profession, and because of his unusual social qualities and business tact, was a welcomed visitor in the office of every physician in his territory. At the meetings of the various State medical societies he was very popular, and at the annual meetings of the Mississippi Valley Medical Society he was ever the genial Jim Christie.

We believe such a man has a warm place in the affections of his patrons, and because of such a personality does a good work in making the world brighter, happier; makes the wheels go around with less friction, and above all, to fulfill a mission destined to make their eternity one of blessed contentment and happy reward. F. P. N.

Dr. Hamilton's Resignation.

DR. JOHN B. HAMILTON, the editor of the Journal of the American Medical Association, has resigned his position as Surgeon to the United States Marine Hospital Service by reason of his having been recently ordered to San Francisco. Several years ago Dr. Hamilton resigned his position as Surgeon General of the Marine Hospital service, having an amicable understanding with his successor, Dr. Walter Wyman, that he was to continue as surgeon to the Marine Hospital at Chicago for two terms. At the beginning of the second term he was ordered by Dr. Wyman to San Francisco, from which order he appealed to the Secretary of the Treasury, with the result of having the order sustained. This necessitated his resignation, for the reason that his connection with Rush Medical College, as Professor of Surgery, and his editorship of the *Journal*, together with his large practice, would not justify his considering for a moment of removing from Chicago.

It is to be hoped that the Board of Trustees of the *Journal of the American Medical Association* will appreciate the good work Dr. Hamilton has done for the *Journal*, and make his position one of such pecuniary return that he will be justified in devoting his entire time to it, to the exclusion of all his practice and professorial work. This would, undoubtedly, result in placing the *Journal* in a higher and more profitable position than even the *British Medical Journal*. G. I. C.

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MR. JAMES CHRISTIE.

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AT HOME.

DR. BRANSFORD LEWIS MARRIED.

On the evening of October 14th Dr. Bransford Lewis, of this city, led to the altar Miss Jennie S. Jaynes, the accomplished daughter of the late John Jaynes, of Sedalia, Mo. The ceremony was in every way a perfect one. The house was beautifully decorated, and the ceremony was performed under an arch of flowers in the parlors of the Jaynes home. Dr. Gilbert I. Cullen, of Cincinnati, officiated as best man, while Miss May Jaynes, sister of the bride, was the maid of honor. Dr. Wheeler Bond, of St. Louis, and Miss Clara Kinney, of Xenia, O., acted as groomsman and bridesmaid respectively. The wedding presents were most magnificent and numerous. The bride came from one of the oldest families of Sedalia, her father having laid out the city, organized the largest bank there, and was for a number of years Treasurer and General Manager of the Missouri, Kansas & Texas Ry. system. The happy couple, on their return from an extensive Eastern trip, will settle down to housekeeping in a beautiful home at No. 4146 West Morgan street, St. Louis.

NEW PHARMACY.

Physicians will miss the genial Emile Bernius who has so long presided the prescription case at Wolff-Wilson's. Mr. Bernius has become proprietor of the pharmacy at 5443 Easton Ave. We wish him uninterrupted prosperity in his new location.

THE HOLEKAMP-MOORE INSTRUMENT COMPANY

Has moved to 1007 Olive street, one block west of their old stand. The wisdom of the move will be apparent to all who visit them. Their new quarters are in every respect admirable. They are, without question, the best housed of any instrument company in the city.

ANOTHER OLIVE STREET BUSINESS PLACE

In which physicians are interested, is the new building recently erected and now occupied by the Antikamnia Chemical Company, 1723 Olive street. Antikamnia and Antikamnia's new quarters are of great credit to St. Louis; we are proud of both.

Dr. E. E. CULP has opened an office in Caseyville, Illinois, and reports the outlook most encouraging.

DR. BYRON ROBINSON, of Chicago, whose exhaustive studies in abdominal surgery have made for him an honored place among the original investigators of this country, favors us with an original paper on the Peritoneum, which appears in this issue.

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DR. GEO. HARLEY, a noted London physician, died at the age of 65 years.

DR. AUSTIN FLINT, of New York City, was seriously injured on October 28th, by colliding with a lady on a wheel, while riding his bicycle on Riverside Drive. This is the second time Dr. Flint has had the misfortune to collide with lady bicyclists.

DR. B. MEAD BOLTON, formerly in the pathological department of Johns Hopkins Hospital, and bacteriologist to the Philadelphia Board of Health, has received an appointment as instructor in bacteriology and pathology in the Missouri University at Columbia.

RAILWAY SURGEONS ELECT OFFICERS.—The third annual session of the American Academy of Railway Surgeons was held at Chicago, September 25, 1896. The following officers were elected: President, Dr. L. E. Lemen, Denver; Vice-Presidents, Dr. M. C. M. Gardiner of San Francisco, Dr. R. Ortega of Diaz, Mexico; Secretary, Dr. D. C. Bryant, Omaha; Treasurer, Dr. C. B. Kibler, Corry, Pa.; Editor, Dr. R. Harvey Reed, Columbus, O.

L. E. LEMEN, M. D., Denver.

SOUTHERN SURGICAL AND GYNECOLOGICAL ASSOCIATION—The ninth annual meeting will be held in Nashville, Tenn., Tuesday, Wednesday and Thursday, November 10, 11 and 12, 1896. The Nicholson House has been selected as headquarters for the Association. Those who contemplate attending the Pan-American Medical Congress, to be held in the City of Mexico, November 16–19, will have time to do so after the meeting of this Association. A rate of one fare for the round trip has been made on account of the Congress, stop-over privileges being allowed. Dr. E. S. Lewis, of New Orleans, is President; Dr. W. E. B. Davis, of Birmingham, Alabama, Secretary, and Dr. W. D. Haggard, of Nashville, Chairman of the Committee of Arrangements. Take the L. & N. and N., C. & St. L. Railways for Nashville.

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E. W. SAUNDERS, M. D., Professor of Diseases of Children, will contribute a timely and scientific paper on "Croup," being a series of clinical cases, valuable because of the very important question of antitoxin treatment, which has been so satisfactory.

DR. HAROLD N. MOYER, the genial bachelor editor of Chicago, and of *Medicine*—and treasurer of the Mississippi Valley Medical Association, was prevented from attending the recent meeting of that association, by a fractured limb, the result of a fall from—not grace, but—a bike.

PAN-AMERICAN MEDICAL CONGRESS—The second meeting of this Association convenes in the City of Mexico, November 16th, and continues three days. The official special train will leave Chicago on Tuesday, November 10th, at 10 A. M.; Cincinnati at 9 A. M., and St. Louis at 8 P. M. of same day. A round-trip rate of one fare is announced, and tickets may be procured, covering meals, sleeping accommodations, and all expenses of the entire trip, as follows: From Chicago to Mexico and return, $190.10; from Cincinnati, $189.06; from St. Louis, $183.55. Reservations should be made at once, addressing either Mr. Reau Campbell, 925 Old Colony Building, Chicago, or Dr. I. N. Love, St. Louis, Mo.

CHEAP DOCTORING.—Two private hospitals have recently been established in St. Louis, in which the members of the association supporting them may be treated free. The fee for membership in the association is fifty cents a month. A new health-insurance society in California is cheaper than that, as it provides free medical attendance to all who pay five dollars a year.—*Med. Record.*

These associations are backed by men who profess profoundest regard for everything ethical, and the associations have gained a numerous membership before their true nature becomes evident. It is needless to say that they incur the enmity of all young practitioners, for no physician, young or old, can compete with such charges for services. Either the association must go, or we must find some other means to earn a livelihood.

T. A. H.

HOT SPRINGS, ARK., October 19th, 1896.

DR. FRANK P. NORBURY, ST. LOUIS, MO.,

Friend Norbury:—Don't drop me—I would be the sufferer. Enclosed find that which is pleasing to the eye, magnetic to the touch and wonderful, yes I might say omnipotent, in its power,—a gold dollar. No, I could not do without my bi-weekly visitor. It is newsy, sprightly, progressive and instructive. Then too, your contributors comprise so many familiar names and many personal friends. I wish you every success, and I will cheerfully be one of your "Brownies." Fraternally and sincerely your friend,

T. E. HOLLAND, M. D.

Our good friend Holland is evidently on the standard platform, with both feet, for he endorses the FORTNIGHTLY (which is as good as gold) and pays for his subscription *in gold*. We accept both with unqualified pleasure, for while we are not in politics we *do believe in the Fortnightly* and in Tom Holland.—[*Ed.*

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Original Department.

PAPERS for the Original department should be in hand one month in advance, and contributed to THE MEDICAL FORTNIGHTLY exclusively. A liberal number of extra copies will be furnished authors, and reprints may be obtained at reasonable rates, if request accompanies the manuscript. Engravings from photographs furnished free.

☞ Signature of contributor, for reproduction, should be sent with every article, on a separate slip; use heavy ink, and allow autograph to dry without applying blotter.

Address all communications to the Managing Editor, 911 Union Trust Building, Saint Louis.

The Examination of the Peritoneum.

BY BYRON ROBINSON, B. S., M. D.,

CHICAGO, ILL.

Professor of Gynecology in Post-Graduate Medical School.

(Exclusively for THE MEDICAL FORTNIGHTLY.)

WHEN the physician begins to do autopsies and perform abdominal sections the peritoneal diseases present a complex scene. It seems that every case is different, from every other case and no two present clues for the remainder. The peritoneum appears very red, maroon color or yellow pus is flowing over the abdominal cavity. All is simply congestion, inflammation and suppuration. And it requires considerable thinking and observing in autopsies and abdominal section before the complicated processes assume a crystalized form. The viscera are suspended in this large membraneous sac known as the peritoneum and they have vulnerable points which must be learned. The triumph of abdominal surgery rests on the probable fact of disturbance of the peritoneum at the vulnerable points of the viscera. Long ages of accumulated experience, lately ripened into fruit, points to the fact that at the appendix, gall-bladder and at the ends of the Fallopian tubes peritonitis is liable to arise. These are the vulnerable points of the viscera. Now as probability is the rule of life the abdominal surgeon attempts by the elicitation of localized pain on pressure to select one of these three regions, incise the abdominal wall, and evacuate and drains. However, sometimes he repairs. This is the clinical aspect of examining the peritoneum and is necessarily limited and deficient. To acquire any clear idea of diseases of the peritoneum one must follow many autopsies with prolonged study, anatomically and microscopically. In one hundred autopsies definite views gradually begin to dawn. One can scarcely find an adult body without some remnants of local peritonitis. It is difficult to understand anyone point in regard to the peritoneum without grounded knowledge of the triumvirate, structure.

FUNCTION AND PATHOLOGY.

To try to comprend any one of the above elements without the other two reminds one of a simple and pure anatomist trying to practice medicine without knowledge of any other of the medical branches. His views and practice will be certainly liable to frequent errors. There is but one real royal road to the knowledge of the peritoneal structure, and that is by long use of the microscope; and one road to learn the function of the peritoneum and that is by experiment. The practical knowledge of the function of the peritoneum cannot come from reading some report. It must be done by the individual who is to obtain the knowledge. It must be personal labor. Real pathologic views of the peritoneum come alone from personal labors, long

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continued, both clinically and experimentally. A year's work on the peritoneum, accompanied by autopsies, abdominal surgery, the microscope and a score of carefully conducted experiments, are only suggestive of the wide study which could be applied to the peritoneum. A study of the peritoneum broadens and widens one's knowledge of the whole abdominal viscera. The peritoneum is the border ground of vast clinical fields. On its vigorous function turns many a life. In examining the peritoneum the first point of inspection is the omentum majus.

Its situation is first observed. It covers the cæcum in about ten per cent of cases, in some two hundred autopsies which I noted. It hangs in the pelvis in perhaps twenty per cent, but more frequently it lies rolled up between the stomach and transverse colon; occasionally it is under the transverse meso-colon. Often it lies around the spleen, the gall-bladder, frequently it lies obliquely across the abdomen drawn to a point or cone from being adherent to some point of ancient peritonitis where it was engaged in repair and protection. It not infrequently is fixed between the liver and diaphragm. Two frequent points of fixation are the pelvis and hernial orifices.

The condition of the omentum is very various, because it is so frequently crippled in the battle to protect the peritoneum against infectious invasions. But we note its color which means its blood contents. It is apt to show by its congestion whether peritonitis exists or not. Any aperatures in it should be inspected for present or past hernia. In experimenting on dogs several times I cut out a large piece of the omentum majus for gratts to secure intestinal wounds; when several weeks later I killed the dogs for autopsies, on inspection, I found in two of the dogs several feet of intestines protuding through the aperature. In humans I have noted a portion of bowel in a boot-jack angle of the omentum. This condition arose by two forces, viz: in one case in the original fresh peritonitis the bowel was surrounded by the edge of the omentum majus and by dilatation and contraction of the bowel it found a big arch for itself. In the second case the omentum, subsequent to the peritonitis, became gradually elongated and stretched until the round arch became drawn so much that it was like the angle in a boot-jack, producing a dangerous aperature for bowel loops to strangulate. Again the omentum may possess large quantities of fat, in which case the omentum is generally spread out in proportion to the amount of fat, as it is stiff and will not wrinkle. I have noted fat over an inch thick, and the omentum burying out of sight almost every organ in the body. The omentum may suffer chronic inflammation with thickening of fibrous tissue, a condition known as omentitis chronica fibrosa. I saw this condition many times in three hundred adult autopsies but instead of the hypertrophic type, it was of the atrophic type. Fibrous chronic inflammation of the omentum majus is very often local and one finds localized scars and contractions. In distinct cicatritial contraction the term omentitis fibrosa retrahens is applied, which is very frequently seen in adult autopsies. As noted above the omentum is found adherent, anciently and recently, which condition is known as omentitis adhesiva. One can frequently learn the location of peritoneal visceral disease by following the omentum to the point of attachment. The omentum is liable to be attached to the vulnerable point of the viscera, viz. pelvic appendicu-

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lar and gall-bladder regions, the colonic flexures, spleen, hernial orifices, at the flexura-duodeno-jejunalis, or at the point where the duodenum crosses the right psoas muscle or right diaphragmatic crus. It is well to bear this in mind in abdominal section, for frequently one can by gentle manipulation follow the omentum to the exact locality of disease by observing its ancient or recent attachments. It may be remarked that this proposition is less true in appendicitis than in pelvic, gall-bladder or hernial peritonitis, for I noted that the omentum covered the cæcum only eight times in one hundred cases in which I took careful notes. By the adhesions of various points of the omentum arches, rings and slits are produced in which loops or bowel may glide to and fro, endangering strangulation. Again, if no adhesions are contracted at points of the abdomen by the omentum, and chronic inflammatory process continued in it, we may find that the whole omentum is thickened, and contracted into a grayish, white mass, stretching along the transverse colon. In suppurative peritonitis, the omentum partakes violently in the process because it acts as a drain for the peritoneum, and experiments also demonstrate that a stream of fluid is directed toward the diaphragm. It becomes intensely congested, reddened, cloudy, opaque and covered with flacculent lymph deposit. But perhaps the most extensive participation of the omentum is seen in peritoneal tuberculosis where the whole omentum may sometimes be seen spread out over the intestines and intensely glued and fixed to and by the vast number of degenerating and suppurating tubercular abscesses. I have labored hours on some cadavers in order to free all the viscera from the netlike and almost solid mass. In such cases one is often liable to find several old intestinal perforations effectually closed by the omentum and old exudates. To one who follows experiments and abdominal work the function of the omentum is very apparent as a great peritoneal protector against infectious invasions. The omentum stands guard over visceral wounds. It checks infectious invasions. It is a sentinel whose beat is the abdominal cavity to warn for preparation and to check invading enemies. So far as I am aware the first scientific description of the peritoneum was by Edward Huschke in 1844. Fifty years have glided by, but I have seen no better description. However, Huschke said, "Die physiologische bedeutung des grosses netz ist dunkle." (The physiologic signification of the great omentum is obscure). It is not dark to us now. Cancer may arise in the peritoneum but it is rare.

The omentum is the most convenient for microscopical examination of any portion of the peritoneum. This remark I can make without fear of contradiction for I have examined the peritoneum of man, horse, dog, cat, guinea-pig, cow, rabbit, turtle, frog, craw-fish, wood-pecker, shy-poke and toad. Besides the peritoneum of some embryos which differ considerably from adults—the most convenient and instructive embryos is the pig. To examine the omentum simply snip out a bit with a sharp scissors, avoiding dragging, place it in Ag. No. 3½ per cent, for five to ten minutes, and then two to five minutes in logwood, when it can be mounted in a drop of glycerine placed on the under surface of a cover glass whence it is easily applied. The anatomical structures, endothelial plate with its nucleus, the interendothelial space containing the stomata vera and spuria and the two parallel dark lines with

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their transverse dark anastomotic process may be first made out. Now pathologic conditions must consist of a modification of these elements. In nearly all animals the omentum contains various sized, irregular patches of germinating endothelia processes, the leucocytes emigrate to the point of irritation or infection and swarm out on the endothelial surface. Exudate follows; later the endothelial cover plate softens and falls off. The blood vessels dilate and burst or allow diapedes to occur.

In fact the pathology which follows is simply chaos to all normal structures. Oedema arises so extensively that one can observe under high power the cellular elements forced widely apart by accumulating fluids in the canalicular system of Recklinghausen. In tuberculosis of the omentum one can observe the giant cells and the tubercle bacillus after careful preparation. From the omentum one can secure specimens which are so thin that they are superior to any process of cutting. In all microscopic work on the omentum every kind of trauma must be avoided, if good results are expected. The best method is to stain the parts in situ with Ag. No. 3½ per cent for five minutes, whence all other manipulations may be done of inside of the abdominal cavity. Osnic acid and tannin as recommended by Dr. A. Kollosow is the best for a fixation agent but the most convenient fixation agent is Muller's fluid for three to five days changing the specimen at least three times.

CHICAGO PASTEUR INSTITUTE.—Dr. A. Lagorio, Director, reports that a total of 532 patients have been treated at the Chicago Pasteur Institute since its inauguration, July 2, 1890. The patients treated have been divided into three classes: First—Those bitten by animals recognized and ascertained to be rabid by the control experiment made in the laboratory, or by the deaths of other persons or animals bitten by the same animal. Of these 183 were treated. Second—Those bitten by animals recognized to be rabid by the symptoms of rabies shown during life, of these 257 were treated. Third—Those bitten by animals strongly suspected to be rabid, of these 112 were treated. Grand total, 532. When we consider the high percentage of deaths occurring previously to the discovery of the Pasteur treatment, which was 88 per cent for the bites of the head and face, 67 per cent for the bites of the hand, and 20 to 30 per cent for the bites of the limb and trunk; we have reason to congratulate for the excellent results attained at this institute, as only two deaths have been reported, giving a mortality of 0.37 per cent, thus proving without question the efficacy, as well as the harmlessness of the Pasteur anti-hydrophobic treatment. Four hundred and ten persons applied for the Pasteur treatment, but were sent back, as it was recognized that the animals which inflicted the bites were not rabid.

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The Medical Fortnightly

THE OPHTHALMOSCOPE.

FOURTH PAPER.*

BY J. ELLIS JENNINGS, M. D.,

ST. LOUIS,

Ophthalmic and Aural Surgeon to the St. Louis Mullanphy and Methodist Deaconess Hospitals; Consulting Oculist to the M., K. & T. Ry. Co.; Secretary of the St. Louis Medical Society; Lecturer on Ophthalmoscopy to the Beaumont Hospital Medical College.

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3. THE INDIRECT METHOD.

THUS far our ophthalmic examination has been confined to the anterior segment of the eye-ball. Having noted the condition of the cornea, anterior chamber, iris, pupil, lens and vitreous body, our next step is to study the fundus or back-ground of the eye, first by the *indirect*, and then by the *direct* method. We employ the indirect method first, because while the view is less magnified, it is more extensive, and we are enabled, at a glance, to get a general idea of the fundus and the extent of any diseased conditions present. To examine the fundus by the *indirect* method the light, at its brightest, is placed on a level with and a little behind the ear of the patient. The surgeon, sitting or standing, about two feet away, looks through the sight-hole of the ophthalmoscope, and reflects the light from the mirror into the eye. When the red reflex is obtained, the object-lens, which is held between the thumb and fore finger of the left hand, is brought into position about two and one-half inches in front of the patient's eye, as shown in the drawing (Fig. 14). As the optic disc is the most con-

Fig. 14. The Indirect Method (Lang).

spicuous part of the fundus, it is customary to make it the starting point of our investigation. To bring the optic disc of the right eye into view the patient is instructed to look, without turning his head, over the surgeon's right shoulder; if the left eye is being examined, the patient is told to look at the left ear of the surgeon. Under these circumstances an inverted

* Copies of the three preceding papers may be obtained from this office.

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image of the disc, which may or may not be clearly defined, comes into view. In order to focus this image the object lens is moved slightly backward and forward until the optic disc is seen distinctly.

The observer may be annoyed by the two reflections of the lamp formed on the anterior and posterior surfaces of the object lens. These may be gotten out of the way by moving the lens up or down, or by slightly tilting it. After a little experience the observer will find it convenient to place behind the sight-hole of his ophthalmoscope a convex spherical lens of 3 or 4 D. By this means he relaxes his accommodation and enlarges still more the aerial image. Having examined the disc, the surgeon studies the remainder of the fundus, and to this end directs the patient to look in various directions, upward, downward, inward or outward.

The dark, misty ring, which denotes the macula or yellow spot appears to view when the patient looks directly at the sight-hole of the mirror. Often it is extremely difficult to make out the macula, on account of the contraction of the pupil, which occurs when the light strikes this, the most sensitive, portion of the retina. This contraction may be obviated to some degree, by directing the patient to look, not at the mirror, but just above it at the observer's forehead. At its best, however, the indirect method is inferior to the direct when we desire to examine the macula region.

We may get some idea as to the *refraction* of the eye, by means of the indirect method. If, while examining the disc, it appears to increase in size as we gradually withdraw the object lens from the eye, it denotes myopia; if the disc appears to diminish in size, the eye is hypermetropic, while if no change is noticed, the eye is emmetropic or the refraction error is slight.

The indirect method is also of value in estimating the elevation of a swollen disc, or the depth of a physiological or of a glaumatous cup. If the object lens is moved from side to side while viewing, for instance, a glaumatous cup, we observe a *parallactic* movement, that is, the vessels on the edge of the disc move in front and faster than do those at the bottom of the nerve.

In high degrees of myopia (12 D or more) we are forced to rely almost entirely upon the indirect method for information as to the condition of the fundus. The strong minus glass which has to be used to correct the myopia in the direct method, so darkens the fundus that it is difficult to get a satisfactory view. In cases where the pupil is very small, or is bound down by adhesions, or where there are opacities in the lens or vitreons, the indirect method is of great value, and often is the only method by means of which we can catch a glimpse of the fundus. Finally, there are occasions when we desire to keep at a respectable distance from our patient, who may, perhaps, be suffering from ozena, pediculosis, etc., and in these cases the indirect method is to be commended.

4. THE DIRECT METHOD CLOSE TO THE PATIENT.

Having acquired a knowledge of the general characteristic of the fundus by the *Indirect Method* we next proceed to study it in detail. For this purpose we use the *Direct Method*, the most beautiful, important and satisfactory means yet devised for the exploration of the fundus. As the image is

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erect and magnified about fifteen diameters, we are often able to detect slight but significant changes which would escape notice by any other method. Having seated the patient on a chair the surgeon directs him to look straight ahead at some object on the other side of the room. By this means we relax to a great extent his accommodation, dilate the pupil and bring the optic disc into line. If the right eye is to be examined the light is placed close to the patient's right ear. The surgeon sits on the right side, and draws his chair as close as possible to the patient, so that he can look into the eye without discomfort. Holding the ophthalmoscope in the right hand, and with the index finger controlling the refractory lenses, the surgeon, using the right eye, looks through the sight-hole, and at a distance of five or six inches, reflects the light into the patient's eye. Having obtained the red reflex he gradually approaches until the ophthalmoscope is within one or two inches of the eye under examination. See Fig. 15. He will now, if accommodation is relaxed and the eye is emmetropic, see a

Fig. 15. The Direct Method (Lang).

distinct image of the fundus. If the left eye is to be examined substitute the word "left" for "right" in the above description. The optic nerve is the first object which we desire to see and to find it with the least possible delay, the patient should look straight ahead, and the surgeon approach slightly from the temporal side and look obliquely backwards and inwards. Or if the patient is unsteady the surgeon may select a large blood vessel and follow it down to the optic disc.

If the disc and vessels appear blurred, with relaxed accommodation, the eye is hypermetropic or myopic, and must be corrected by a proper glass. The surgeon does this by revolving the lenses in front of the sight-hole until a clear image is obtained.

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We next examine the yellow spot, which lies about two and a half disc breadths to the temporal side of the disc. The surgeon either changes the position of his head and searches for it, or directs the patient to look directly at the sight-hole of the mirror. Having noted the appearance of the disc, and macula region, we next make a systematic examination of the peripheral portions of the fundus by following the main branches of the retinal vessels from the disc to the periphery. The patient assists in this examination by looking in various directions, upward, downward, inward or outward at the direction of the surgeon.

TO ESTIMATE THE REFRACTION BY THE DIRECT METHOD.

To estimate the refraction by the direct method the patient is instructed to look straight ahead into darkness. The surgeon selecting a small retinal vessel running upwards from the disc or the yellow spot, slowly revolves the ratchet or wheel and notes the strongest convex or the weakest concave lens with which the vessel is seen distinctly. Then selecting a vessel which runs outwards or inwards from the disc or the yellow spot he notes the lens which clears up the horizontal vessel. The difference between the two lenses represents the amount of astigmatism present. If, however,

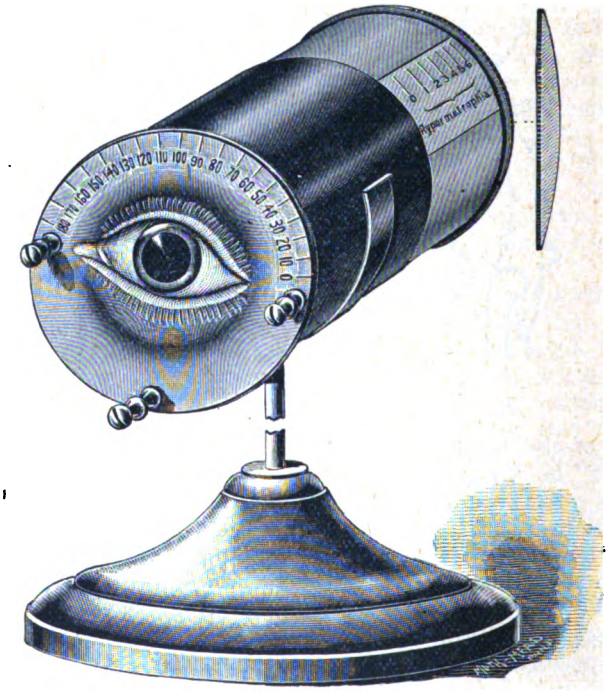

Fig. 16. Thorington's Schematic Eye.

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both vessels (vertical and horizontal) are seen distinctly through the same lens, then the eye is simply hypermetropic or myopic, and only requires a spherical lens to correct the defect. Say, for instance, two vessels running at right angles to each other are seen distinctly with a + 2 D lens, the eye is hypermetropic and needs a convex lens of 2 D to correct the error. If, however, the vertical vessel is seen best with a + 3 D lens, while a + 1 D is the strongest lens with which the horizontal vessel is seen clearly, then we have hypermetropia of 1 D associated with astigmatism of + 2 D, and the compound lens required to correct the defect will be a spherical + 1 D combined with a cylinder + 2 D axis vertical.

In order to accurately estimate the refractive error by the direct method the accommodation of both patient and surgeon must be entirely relaxed. We accomplish this to a great degree for the patient by directing him to look straight ahead into darkness. If this fails, the muscle of accommodation must be paralyzed by the use of a mydriatic. In regard to the surgeon, he should wear glasses which fully correct any error of refraction, and then by continuous practice learn to relax his accommodation at will. Dr. J. Thorington, of Philadelphia, has invented a schematic eye (see Fig. 16), which is a valuable aid to those who wish to practice ophthalmoscopical refraction at their leisure and at small expense. It consists of two brass cylinders, one slightly smaller than its fellow, to permit slipping evenly into the other. Both cylinders are well blackened inside. The smaller cylinder is closed at one end with a concave surface, upon which is placed a colored lithograph of the normal fundus. The larger cylinder is also closed at one end, except for a central round opening 16 m. m. in diameter which is occupied by a + 16 dioptre lens, and on its outer surface is a colored lithograph of the normal eye with its appendages. On the side of the small cylinder is an index, which records emmetropia and the amount of hypermetropia or myopia, according as it is pushed into or drawn out of the large cylinder. This Schematic Eye is made by Queen & Co., Philadelphia. The student should remember that it is only by constant practice, and by comparing his results with those obtained by other methods, that he can hope to become proficient in that most difficult of all accomplishments, *to refract correctly* by the direct method. Even then it is never advisable to order correcting lenses without corroborating the ophthalmoscopic findings.

Sometimes in examining an eye we run across a tumor, a swollen nerve or an excavated disc, and it is very desirable to gain an idea of its extent. This we do with the direct method by first estimating the refraction of the higher level, then the lower. The difference represents the swelling or the excavation, and may be expressed in diopters or millimeters, remembering that 3 D = 1 m. m.

2942 Washington Ave.

J. Ellis Jennings, M.D

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Advancements in Medical Requirements in Illinois.

WHEREAS, the wise and progressive enforcement by our predecessors of the act to regulate the practice of medicine in the State of Illinois passed July 1, 1877, has resulted in a general, but not uniform improvement of the methods of medical education, throughout the United States, and a material elevation of the standard of professional attainments and ability necessary to obtain the legal right to practice medicine in many states, thereby securing in such states a better equipped, more competent and more scientific body of medical men to the great gain and advantage of the people thereof; and whereas, this latter result has been attained to the fullest extent in those States where the college diploma is not recognized as final, but only as a qualification for examination by a board whose members are not connected with, or interested in any college or teaching institution.

Be it resolved, by the present members of the Illinois State Board of Health, with the fullest appreciation of the invaluable work of their predecessors, that medical education and the status of the doctor in medicine have outgrown the limitations of the Medical-Practice Act of 1877; now, therefore,

Resolved, that said Act should be so amended as to require first, that all applicants for the right to practice medicine and surgery or any of their branches in the State of Illinois, shall demonstrate their fitness for such practice, through an examination by a board of impartial competent and practical examiners, skilled in the various branches of medicine and surgery, and no member of which board shall be connected or affiliated with or interested in any diploma-granting college or teaching institution. Second, that no applicant shall be eligible to such examination unless the legal possessor of a diploma of graduation from a medical college in good standing.

Resolved, that this board earnestly invites the cooperation and assistance of kindred boards throughout the United States, to the end that uniformity of practice may ultimately obtain in the recognition of medical practitioners in all parts of the country; of all reputable medical colleges whose dignity and usefulness will hereby be promoted; of the medical profession of the State, as represented in the various medical societies, with the view of excluding the incompetent and unworthy from its ranks; and of the members of the forthcoming general assembly in this effort to protect the health and lives of the citizens of the State.

J. W. SCOTT, Secretary,
Illinois State Board of Health.

The foregoing resolutions meet with our unqualified approval, and we congratulate the Illinois State Board of Health on their promulgation. We will lend our influence to the passage of such an amendment for we are "desperately in earnest," and mean to see Illinois and Missouri placed where it will be a difficult thing for irregular practitioners, who are most always ignorant, to get recognition from State authorities to practice medicine. This resolution commends itself because it makes double provision for suppressing the unqualified: first, there must be a diploma, granted by a medical college in good standing; second, the candidate must pass the Examining Board.

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Illinois has seemingly been lax in her methods under the present act, for we know that to-day there are so-called doctors, (osteopaths and the like) practicing in that State unmolested. They do not pretend to comply with the provisions of the law, and practice their quackery with a boldness worthy of a pirate. We hope Missouri will adopt a similiar resolution, it is needed in this State as well as in Illinois. F. P. N.

Correspondence.

A Correction.

SOUTH BEND, IND., October 12, 1896.

MEDICAL FORTNIGHTLY, St. Louis:

GENTLEMEN:—I notice an error in ℞ No. 2 of my article on "Consumption" in October 15th issue; was Powdered Sugar 1¼ pounds, should be ¼ pound.

Will you kindly call attention to the error in your next issue.

Respectfully, S. L. KILMER.

The Harvey Medical College.

34 Washington St., Chicago, Ill., October 9, 1896.

DR. F. P. NORBURY, Editor of MEDICAL FORTNIGHTLY:

Dear Doctor:—An error crept into No. 7, Vol. X, of your journal, in noting that the Harvey Medical College, of Chicago, was again in hot water in regard to "presuming" to place Prof. Klebs on their faculty list. The Harvey Medical College never even asked Prof. Klebs to lecture, not to speak of presuming to put him on the list of lecturers. The Harvey is a night medical school, co-educational, four years graded course; has some of the best laboratory equipments in Chicago medical schools. It is recognized by the Illinois State Board of Health and has a faculty of instructors in Chicago as intelligent medical men and women. I am a member of the Harvey faculty, and so far as I am able to judge, the school is imparting thorough and intelligent medical instruction.

Your editorial paragraph has confounded the Harvey with some other institution of Chicago, and I am sure you will be glad to make the correction. Very respectfully, BYRON ROBINSON.

[We thank Dr. Robinson for calling our attention to this error. The name should have been Harvard instead of Harvey.—ED.]

More About Diploma Mills.

BELLEVILLE, ILL., October 27th, 1896.

To the Editor of the MEDICAL FORTNIGHTLY:

Sir:—Your issue of October 16th contains an article on "Diploma Mills," chiefly those of Chicago. In it I see quoted some correspondence which appeared in the "New York Medical Journal."

Said correspondence was the production of certain soreheads and notoriety hunters. The State Board of Health of Illinois and its Secretary are waging a relentless war against those Diploma Mills. There is no end to the fight with them and with general quackery in the civil courts. As to the standard medical colleges; if any one will take the trouble to look over the proceedings of the State Board of Health of Illinois, he will find that its efforts in the direction of higher education were chiefly opposed by members of those so-called "Standard Medical Colleges."

Diploma Mills in Illinois, Missouri, or any other State, will not be abolished as long as college diplomas will be recognized. A State examination for all alike, ignoring diplomas of all the medical colleges, is the only remedy. This course will be inaugurated in Illinois in the near future.

Very respectfully, JULIUS KOHL,
Member of the State Board of Health of Illinois.

[We are pleased to publish this letter of Dr. Kohl, and congratulate the State Board of Health upon their determination to suppress the diploma mills. In the meantime, how about osteopaths who are practicing in Illinois on diplomas from an unrecognized mill—the American University of Osteopathy—contrary to the Illinois State medical law?—ED.]

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Favorite Prescriptions

Selected from our exchanges.

BY GEO. W. TURNER, M. D.,

ST. LOUIS.

The Strychnia Cure of Alcoholism and the Opium Habit.—Since the recognition of alcoholism as a disease, great interest has been taken by the profession in the treatment of these unfortunates. Prof. Dana, of New York (Post-Graduate), outlines the treatment followed in the treatment of selected cases. Only persons of reasonable intelligence and who show real evidence of sincerity are treated. The following solutions are used:

I. ℞ Strychninæ nitrat.....gr. 1-15
Atropinæ sulph.....gr. 1-300
Aquæ distillat.....m. x
M. Sig.: Inject t. i. d. First day's injection.

II. ℞ Strychninæ nitrat.....gr. 1-20
Atropinæ sulph.....gr. 1-200
Aquæ.....m. x
M. Sig.: Inject t. i. d. Second day's injection.

III. ℞ Tinct. cinchon. comp.....mxv
Tinct. capsici.....m ½ to mj
Tinct. solan. carolineus.....m. ij
Vini ferri amari.....ad 3j
M. Sig.: Mistur stomachic, 3j t. i. d. Shake.
Order: One-half to one glass of milk (hot or peptonized) alternating with hot beef tea or broth, every two hours.

IV. First and second nights, if needed.
℞ Potas. bromid.....gr. xxxii
Chloral hydrat.....gr. xvi
Tinct. valerian.....ʒj
Aquæ.....ad ʒiv
M. Sig.: 3j dose, repeated once, if needed.
Shake. Mistur se lativ.

After the second day the patient is discharged and given:
℞ Tinct. columbo.....ʒj
Tinct. capsici.....m. xv
Tinct. nucis vomic.....ʒj to ʒiss
Apomorphinæ.....gr. ⅓
Tinct. cinchon. comp.....ad ʒiv
M. Sis.: 3j t. i. d., in water after meals. He is told to take this and report weekly. Afterward he reports monthly; is kept supplied with the bottle, and told to take the medicine the minute any craving developes and report at once.

Applied to habitues of morphia it must be given much longer, and may need be modified by adding the bromides, or gradually reducing the morphine. No secret is made to the patient, and he understands that he is taking a "cure."

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Reports on Progress.

COMPRISING THE REGULAR CONTRIBUTIONS OF THE FORTNIGHTLY DEPARTMENT STAFF.

Genito-Urinary Surgery and Venereal Diseases

BY BRANSFORD LEWIS, M. D.,

ASSISTED BY

DR. G. W. TURNER, DR. BOND HOLLAND and RUTHERFORD GRADWOHL,

ST. LOUIS, MO.

Eczema of the Genital.

The Medical Brief of April, 1896, publishes an abstract from an article of J. A. Contrell, which appeared nearly a year ago in the Philadelphia Polyclinic.

Dr. Cantrell correctly says that this is one of the most troublesome and distressing complaints with which a person can be afflicted. The disease commonly attacks the penis or scrotum alone, or even both simultaneously.

The patch is generally a small one and may be either moist or dry, while the parts are usually thickened, swollen and infiltrated. It is very often painful to the touch and very distressing. When the scrotum, which is usually in ridges, is covered with crusts then their removal leaves a very raw surface.

Both in male and female patients a condition of inflamation and intense itching occurs, making walking very disagreeable. The treatment of this trouble must not only be directed to the parts, but great care must be paid to the digestive organ. No article of food should be taken by the patient which he knows disagrees with him. Saline laxatives should be used if necessary. The kidneys must be closely watched, and kept active by small doses of litrate of potash or lithium in small doses in the morning or throughout the day. As for local treatment, rest is a very important factor, together with the bathing of the parts with a saturated solution of boric acid or with black wash. When the inflammation has been relieved, an ointment of ten to thirty grains of calomel to the ounce of zinc oxide as a base is very serviceable. Where the skin is greatly indurated, but not inflamed severely, an ointment of salicylic acid, twenty grains to an ounce of vaseline is useful, as it has a stimulating effect.

B. H.

Serum-Therapy of Syphilis.

(Dr. Mueller-Kannbery. Archiv ful Dermatologie und Syphilis, June, 1896.)

The first attempts to cure syphilis by injections of animal serum were made by Kollmann in 1890. With the knowledge that immunity against certain diseases can be obtained by injecting the blood of sime refractory animal into the organism of the patient, he injected into his patients serum which he had taken from immunized sheep, dogs, rabbits and calves. As these experiments were barren of good results, Kollmann did not publish them. However, in 1892, he was urged to publish them as Tommasoli had obtained brilliant results by using lamb's serum in six cases of primary syphilis. Tommasoli injected 2 to 8 ccm. of the serum into the backs of his patients, daily, and, it only required ten days to cause a disappearance of all syphilitic lesions together with the rash; he had never achieved such success by the use of any mercurial method, inclusive of subcutaneous injections.

Mazza, another author, obtained no better results from serum therapy than did Kollman in his first trials. Both authors place little confidence in lamb's serum. Tommasoli praises calves' serum more than lamb's. Hericourt and Richet report an amelioration in two severe cases of syphilis from the use of dog's serum.

In August, 1892, Cotterell quickly cured two fresh cases of syphilis by using serum; Fornier and Foulard of the St. Louis Hospital, also made investigations upon the serum therapy. Kollmann renewed his efforts in this direction and in Nurnberg, in 1893, announced his results before the meeting of scientists. He had employed sheep's serum in eighteen cases of syphilis, ten

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of whom were patients who had never before received treatment, giving over 90 cc., without a single cure.

Notwithstanding these poor results, it was hoped and still is hoped, that syphilis can be cured by serum therapy. Pellizari was the next to obtain favorable results and his efforts were supported by Mazza. Cotterel followed in June, 1895, giving reference to Mott's praiseworthy work in which eighteen cases of syphilis were helped; Mott recommended the trial of this therapy by the army medical corps as there was better opportunity for watching the after results among soldiers than either in private prractice or in hospital practice. Recently, the author noticed a short article in journals to the effect that Neumann had tried syphilitic serum for three weeks in Vienna without success. Dr. Lewin experimented in his clinic, last year, with serum obtained from horses; this kind of serum had not been used before this time and its results were eagerly watched. This serum was tried upon twelve patients. A full report of these cases is subjoined:

1. The first two patients were each given 5cc. of the serum with no alteration in the severity of the disease. The second patient became affected with urticaria on the fifth day of treatment; this lasted seventeen days. His cure followed on the employment of mercuric chloride. Two other patients were treated with the serum; one contracted an iritis; the other, a woman of eighteen years, was affected with an adenitis and a sclerosis of the upper lip which was treated with mercurial ointment. After the appearance of these complications it was deemed inexpedient to further continue the treatment upon these patients.

5. The fifth patient, aged twenty-three years, who had never been treated for syphilis before, received injections of 5cc. each, for secondary syphilis. There was a slight rise in the temperature and the appearance of erythema around the point of injection, followed by an urticaria which lasted for six days. A photograph of this patient shows no difference in the mac.-squam. exanthemae. Calomel benefitted this patient but injections of sublimate speedily brought the lesions back.

6. This patient was a servant girl of nineteen years, never before treated for her complaint, presenting eruption and adenitis; she was given injections of 10 cc., but the appearance of urticaria with fever forced a discontinuance of the treatment in this manner.

7. The patient, aged sixteen, had lesions of the tonsils and adenitis; was given injections of 5 cc. every other day. Following the third injection, appeared inflammations and swelling of the axillary glands. No amelioration of the syphilitic lesions.

8. Urticaria on the fourth injection (5 cc.) prevented this treatment on the eighth patient, a woman of twenty-two years.

9. This patient labored under the same complications as the eighth.

10. In the case of this patient, a man of good constitution, five injections were sufficient to cause an exanthema, a rise in temperature and urticaria; sublimate caused a disappearance of the exanthema in five days. Then treatment was stopped for a time until other serum had been procured, as the serum which had been in use had always caused an urticaria. However, when we had obtained another kind of serum, the use of it was immediately followed by urticaria.

11. This patient was a woman of twenty years who had never been treated specifically. She had lesions and edema of the labia majora, severe adenitis and roseola. The edema, which was very severe, was treated with subnitrate of bismuth powder. The subjective signs of the disease disappeared, but a short time thereafter an erythema appeared upon both breasts.

12. This patient, a woman of twenty-five years, had roseola, with a noticable amelioration of the syphilitic ulcers; the roseola on the body became pustular and the adenitis did not improve. Exanthema appeared on this patient as promptly as on the other eleven.

From these cases it can be seen that the use of the serum from the horse gave very little satisfaction. The urine of these patients contained neither albumin, sugar nor bilirubin.

(Translated from the German by Rutherford Gradwohl.)

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The Medical Fortnightly

GYNECOLOGY

BY JOSEPHINE MILLIGAN, M. D.,

JACKSONVILLE, ILLINOIS.

The Preparatory and After Treatment of Gynecological Operations.

In No. 3 Volume VII. of the New York Polyclinic Dr. Munde has an article on

THE PREPARATORY AND AFTER TREATMENT OF GYNECOLOGICAL OPERATIONS.

I. General rules for preparatory treatment for gynecological operations: after examination, explain to patient briefly her condition and ask for her consent to operation if thought necessary—if a capital operation is necessary the consent of the husband or nearest relative should be obtained also, and would better be given in the presence of a witness. The patient is then prepared as follows:

1. Bowels are thoroughly emptied by laxatives for at least 48 hours prior to day of operation. An enema three hours before hour of operation.

2. A full tepid or sponge bath is given daily.

3. Patient is encouraged to get fresh air in walks or drives, if she is strong enough.

4. If operation is to be on or through the vagina, that canal is irrigated twice daily at least with a warm 1:10.-000 bichloride douche, for 48 hours befor operation.

5. Mons veneris and vulva should be cleanly shaved. If only curetting or trachelorrhaphy, the mons need not be shaved, if it can be cleansed and disinfected, but the labia should always be hairless.

6. Just before operation catheterize the bladder.

7. When patient is placed on operating table the vulva, lower abdomen buttocks and anal regions are scrubbed with green soap, then a 1:1000 solution of bichloride is poured over the parts.

8. If the operation involves the peritoneal cavity or the rectum, the diet should be fluid, but nourishing during the 48 hours preceding the operation.

9. Gastric functions must be in good order before operation.

10. A careful examination of heart, lungs and kidneys should be made to ascertain the soundness of these organs so as to decide which anaesthetic should be given or whether it is safe to give any at all.

If the operation is abdominal section, for 24 hours preceding the operation the abdomen is covered with a poultice of soft (green) soap in order to render the detritus of the epidermis more easily removed by the scrubbing brush just before the operation. The unbilical depression and surrounding region are drenched with iodoform ether solution followed by a bichloride solution. The surface is then ready for the knife.

In perineo-rectal plastic operations, especially if the sphincter is to be repaired, laxatives should be given for four or five days before the operation. In vesico vaginal fistula, if the vesical mucosa has calcereous incrustations, they should be scraped off with fingers or curette before operating.

II. After Treatment:

To avoid acute anaemia of the brain and consequent "heart failure," don't lift patient into a sitting position or move from table till reflex sensibility has returned.

For shock—hypodermic of whiskey or brandy, or solution strychnine gr. 1-60 to 1-30, or solution digitaline gr. 1-100, or inhalations of nitrate of amyl. Also an enema of 12 ounces hot salt water and 4 ounces whiskey to be given slowly from a fountain syringe.

For nausea—Oxalate cerium, 3 to 5 grs. every half hour, or iodine, a drop in a teaspoon of water every fifteen minutes till 10 drops have been taken; concentrated carbolic acid in like doses and dilution and at like intervals; wine of ipecac, one drop on tongue every fifteen minutes till 10 drops have been taken, and finally hot plain or hot salt water by the teaspoonful every few minutes till relief. Sinapisms to epigastrium will often allay the nausea. A hypodermic of morphine into the epigastrium is often most efficacious.

Diet — Ordinarily no nourishment should be given till the nausea has

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subsided. Black coffee or tea may help the nausea Kumyis, matzoon or plain, boiled or peptonized milk may be given in tablespoonful doses every half hour. After minor operations, beef tea or chicken broth may be given, the amount to be gradually increased until the bowels have moved, then a full diet may be allowed. For thirst, frequent sipping of hot water or some carbonated waters.

The bowels should be moved on the third or fourth day after the operation, preferably by laxatives.

The bladder must be emptied every four to six hours by a catheter, if necessary.

In abdominal sections solid food is rarely given before the seventh day. If the stomach is irritable, enemata of 4 oz. of Rudisetis sarco-pepstones or Leube's extract of beef with 1 oz. of whiskey should be given every three to four hours. Always see that the bowels are moved not later than the third day after operation. If pain is excessive, 5 to 10 minims of Magendie's solution should be given hypodermically. An ice bag over the dressings will relieve pain in the abdominal incision. For weak rapid pulse digitalin, caffein or strophanthus are indicated. Inhalations of oxygen in anaemic patients without fever are valuable as a stimulant. If there is congestion of the kidneys, dry cups in lumbar region followed by poultices of digitalis leaves will often increase the flow of urine.

Ovarian Neurosis.

In the April Iowa Medical Journal, J. C. Shrader, M. D., gives the following etiology and pathology of OVARIAN NEUROSIS.

Congenital absence causes a lack of development, the patient is dwarfed, immature and her whole nervous system shows the weak or imbecile character. The exanthematous fevers during childhood cause a lack of development and certain changes in structure of the ovaries due to a sub-acute form of ovaritis from which the patients never permanently recover. Menstruation is delayed and painful, owing to a thickening of the serous coat and the Graafian follicles do not rupture at the proper time, if at all, predisposing to cystic diseases of the ovaries. Peritonitis occurring in children or young girls causes the same condition as the exanthematous fevers.

Chlorosis causes non-development of the ovaries, resulting often in hysteria, chorea and sometimes mania.

Excessive venery by overstimulating the ovaries produces a nervous condition. Masturbation will cause the same condition.

The most prolific cause of these neurotic conditions is abortion that causes a sub-acute inflammation not only of the ovaries, but also of the tubes and uterus.

Frequent child bearing induces ovarian irritation. Lacerations of cervix and perineum, by preventing involution, causing displacements, by infection at site of wounds, causes ovarian irritation.

Specific vaginitis as well as septic fever from unclean hands, dirty clothing, old catheters—sponges, dirty nozzle of syringe, unclean obstetrical instruments, etc—will set up inflammation all along the genital canal followed by neurotic symptoms from the diseased ovaries, if the patient survive the acute attack. Tuberculosis is another cause that is sometimes overlooked as causing ovarian trouble.

After-treatment of Puerperal Sepsis

Philadelphia Polyclinic.

In a recent lecture upon the after treatment of puerperal sepsis, Doctor Davis remarked that ergot and strychnine were indispensable drugs. Twenty drops of the fluid, extract of ergot, with 1-60 of a grain of strychnine sulphate should be given every six hours. Good whiskey should be given in large doses to combat fever and prostration and keep up the nourishment.

Professor Richet publishes some figures of mortality from diphtheria in the Revue Scientifique, which seems to show that either the disease has this year taken a milder form or else Dr. Roux's serum treatment is effective. The deaths in 1884 in Paris hospitals were 1,400; from 1887 to 1891 there were from 900 to 960 a year; from 1892 to 1894 they averaged 733; in 1895 they were 239.

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Society Proceedings.

[STENOGRAPHICALLY REPORTED FOR THE MEDICAL FORTNIGHTLY]

MISSISSIPPI VALLEY MEDICAL ASSOCIATION.

Twenty-Second Annual Meeting, St. Paul, September 15—18, 1896.

Continued from page 571.

DR. HORACE H. GRANT, of Louisville, delivered the

ADDRESS ON SURGERY.

He selected for his subject

THE RELATIONSHIP OF DIAGNOSIS TO THE FUTURE SURGICAL PROGRESS.

Some common ground must be chosen on which we can equalize our differences. Many of the most recent operations are already passing away under the effect of our modern scrutinizing investigation. We forget there are men in the quiet of their laboratories doing a work which makes all our wonderful progress possible, and gives us these new methods. We cannot progress much farther in technique or operative skill. Any great amount of paraphernalia suggests a lack of personal resources in the operator. Almost every part and organ of the human body has been removed, recently, with more or less good to the patient. If we would make earlier and more careful diagnoses many of the possible failures would be procluded. No surgeon dare say to the patient, "If I had known yesterday or before, thus and so, the result would have been different." Are we not at fault sometimes ourselves? Rarely will we fail to secure an operation if the operator be certain of his diagnosis and dearer to the surgeon than the ways and means of relieving his patient. We one man great and another insignifi- some men leads them to make valu- must not fall into the error of making demands the operation.

The skiagraph has lately come into importance in surgical work, and it may be made an excellent adjunct in many instances. Its recent successes are noteworthy. It is yet, however, in its infancy, and doubtless is capable of still more development. May we not soon expect to see the foetus in utero? No one doorway can open to the royal road to success in the practice of surgery. The skillful and intelligent application of prompt relief, added to a careful diagnosis, will give us the most wonderful and satisfactory results.

What each one finds to do, let him do it with his might.

An unanimous vote of thanks was extended to Dr. Grant for his scholarly and interesting address.

DR. JAS. H. DUNN, of Minneapolis,

APPENDICITIS; TO OPERATE OR NOT TO OPERATE.

If we could but foretell which of our cases were going to be fatal, we could much more easily and satisfactorily decide this question. The percentage of fatality is yet too high. Yet must we cease operating because of such fact? A certain number of these cases will recover without surgical interference. Indeed, there is so large a number of such that I believe we very often in our enthusiasm, operate when it would have been much better to have left them alone, so far as the knife was concerned.

DR. J. B. MURPHY, of Chicago: The surgeon is brought face to face with a condition which has a recognized mortality of about 5 to 8 per cent. I think such a percentage is too high. We first have to contend with the presence or absence of a suppuration. In 450 cases, I do not think there has been an entire absence of pus in one single instance. I am satisfied there are some cases which can be cured by medicine, but can they be differentiated? By medical treatment we have a mortality of 10 per cent, and if we have 3 per cent by the knife, then we must operate to save the other 7 per cent. I don't think every case can be operated upon, but the conditions will show whether or not it is advisable.

The next paper was that by DR. GUSTAVE FUTTERER, of Chicago, on

PLEURITIC EFFUSIONS AND THEIR TREATMENT.

A bacteriological examination should be made in all cases; both with cover glasses, with culture media and by injections of the effusion in animals. Dis-

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tinguish between exudate and transudate by using the acetic acid chemical test; and by the same process eliminate mucine. Many cases of pleurisy are of an uric acid diathesis. These will yield readily to the treatment by the salicylates. I believe not more than 15 per cent of pleuritic cases are rheumatic. The finding of pneumococci does not aggravate the conditions, and often gives no markedly distinct symptoms. Pleurisy in typhoid is not a mixed infection, but a distinct condition. Tubercle bacilli are often found in the pleuritic effusions. I believe it is not only possible, but likely that the tubercle bacilli do penetrate through the alveolar septi, and enter the pleura without producing infection in the lungs. Tuberculosis may be differentiated by the agar culture. Hyperesthesia of different parts is frequently present.

I have washed out the cavity in fourteen cases with an antiseptic solution of one-half to two per cent of clove oil, with most gratifying results in twelve of the cases. The advantages of this method are: Many patients will allow such an operation, who would object to an exsection of the rib; no bulky dressings are constantly interfering with the comfort and convenience of both patient and physician; much shorter time is required.

Drs. Larrabee, Daley, Turck and Patrick participated in the brief discussion which followed.

NERVE SUTURES AND OTHER OPERATIONS FOR INJURIES TO THE NERVES OF THE UPPER EXTREMITY.

DR. A. J. OCHSNER, of Chicago,

My own observations and a study of the literature lead me to a confirmation of the following conclusions:

1. Every severed nerve should be sutured even after years.

2. The earlier the operation is performed the better.

3. If neither sensation or motion is established within a year, the nerve should again be exposed, the cicatricial tissue removed and the end again sutured.

4. The end should be clean cut, should contain neither crushed tissue nor cicatricial tissue.

5. Tension must be avoided.

6. The wound must heal without suppuration to secure the best results.

7. Hemorrhage should be perfectly controlled to prevent intervening clot.

8. Carefully prepared catgut is the best suture material.

9. After suturing the ends either direct or "a distance" it is well to stitch a fold of fascia over the united nerve ends.

10. The extremity should be placed at rest.

11. The external incision should be ample.

DR. HENRY P. NEWMAN, of Chicago, read a paper on

WOMAN AND HER DISEASES, VERSUS GYNECOLOGY.

We are coming to a period of transition in the practice of surgical studies on the cure and prevention. Preventive medicine, hygiene, sanitation and sociology are now popular themes for medical societies. Philanthropy has taken the cue from medicine, and is attempting to form a citizen rather than reform him. I wish to emphasize the fact that we are not dealing with the cold science side of our art, but with the highest of humane interests. The amount of ignorance in the average woman of nature's requirements is appalling. Woman's sphere has lately widened until now it is as wide as man's. Has she equipped herself for this race intelligently? Look at the average woman in the cities; the average stenographer, saleswoman, the business woman, do they not daily outrage their bodies by compliance with the dictates of fashion in food, dress and habits?

The tendency of gyecologists to enter surgery is to be deprecated. It narrows his opportunities. He had better stay attached to obstetrics and pediatrics. A woman's generative organs should not be doomed because she has needed to visit the gynecologist. A good diagnostician must know as much about women as about disease; as much about environment and social and domestic relations as about pelvic lesions.

As specialists we must recognize and exercise the important interests in a medical science which still prevent, rather than cure disease. As we know

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what can be acquired may be prevented, hence we as specialists should lead in the reform of those conditions which are detrimental to the health of woman.

THE PATHOLOGY AND TREATMENT OF SUPPURATIVE SALPINGITIS,

was the title of a paper read by DR. F. F. LAWRENCE.

The tubal mucosa is a true mucous membrane, possessed of all the histological elements of mucous membrane. The fimbriae are prolongations of the folds of mucous membrane, with a few muscular fibres beyond the end of the tube.

The closure of the end of the tube is effected by—first, the unfolding of these plicae and the elongation of the muscular fibres with coincident inflammatory exudate and not by adhesions of the peritoneal surface. Second, the formation of adhesions between the fimbriae and other structures. Third, embedding of the fimbriae in inflammatory exudate.

The closure of tubal ostea results in forming of circumscribed abscess; the pathology of which is the same as that of suppuration with abscess formations in mucous membrane in other parts of the body, except for its effect upon important contiguous tissues. Occasionally the uterine end of the tube communicating with the uterine cavity, through which it may in part discharge its contents.

Treatment—The treatment of pus tubes cannot be fixed by any iron clad rule. Each case must be treated according to the conditions there presented. We must even incise and drain in some cases. Seldom will vaginal section be required, and only in carefully selected cases. Hysterectomy is indicated in those cases where we find abscess of the uterine wall, tuberculous deposits, fibroids, or malignant disease in the fundus. As hysterectomy destroys the pelvic floor it should never be performed except where there is some tangible lesion of the uterus. Abdominal section will be necessary in many cases.

ON THE IMPORTANCE OF PHYSICAL SIGNS OTHER THAN MURMUR IN THE DIAGNOSIS OF VALVULAR DISEASE OF THE HEART,

was the title of a paper contributed by DR. JAMES B. HERRICK, Chicago.

Standard textbooks teach that an endocardial murmur is not always an evidence of a valvular lesion, and also that a valvular defect may exist and still no murmur be present. Practically, however, conclusions are usually based upon the presence or absence of murmur. This is wrong, for there may be a valvular disease without a distinct murmur being audible. Other findings than murmur must be used in determining the existence of a valvular lesion. Every valvular lesion must result in hypertrophy and dilatation of the heart behind the valve diseased. An increase in tension of the pulmonary circulation, follows any valvular lesion at the mitral orifice, and later any aortic disease. This will show in increased force of the pumonic second tone.

Stenosis of the orifices of the left heart means a smaller amount of blood in the general arterial circulation, therefore, lessened arterial tension.

Failure of the right heart is followed by venous congestion, e. g., venous pulse, hepatic and portal congestion, anasarca, etc.

Hypertrophy may be recognized by the heaving, forcible apex impulse. Epigastric pulsation may call attention to enlarged right heart. The jugular pulse, the hepatic and capillary pulse are all of diagnostic value. The visible pulse of aortic regurgitation is almost pathognomonic.

Palpation is important. Extra-cardiac causes for murmur, such as might arise in a heart dislocated by pressure or retraction, can usually be excluded by percussion.

A weak aortic sound may be an indication of obstruction. The reduplicated second sound may point to valvular disease. A sharply accentuated first sound at the apex is common in mitral stenosis. The peripheral tones in aortic regurgitation are a valuable confirmation.

Cases illustrating the foregoing were referred to.

Error in calling an inorganic murmur organic, is readily made unless the secondary sounds are carefully sought for. The intention of the paper was not to undervalue the importance

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of endorcardial murmur, but to insist that it is only by the complexus of signs and symptoms that an accurate diagnosis can be made. Of all the evidences of heart disease, the least valuable is the endocardial murmur.

DR. R. H. BABCOCK, of Chicago, read a paper entitled

A REPORT OF A CASE ILLUSTRATING THE VALUE OF SECONDARY PHYSICAL SIGNS IN THE DIAGNOSIS OF CARDIAC DISEASES.

The eloquent and forcible manner in which Dr. Babcock delivered his paper added much to the already scholarly and scientific value it possessed. His remarkable power of minute and exact differentiation in cardiac disease, was evident throughout. Among other points brought out were—murmurs are the least reliable signs of valvular disease. An accurate diagnosis cannot be made unless the secondary signs of valvular disease are recognized. If the heart actions are not sufficiently strong there may not be any murmur; or a grave defect may not be observed for the same reasons. Secondary symptoms are, a modified pulse rate, character and rythm, leading to a congestion of the veins and internal organs.

In some instances there is also systolic venous pulsation of the liver. Such systolic jugular pulsation is diagnostic of insufficiency even if the murmur is not audible. The paper was discussed by Dr. Futterer.

DR. I. N. LOVE, of St. Louis, read a paper entitled

WATER.

Drugs, drugs, drugs, seemed to be the chief inspiration in the life work of too many men. Hydropathy has been a wonderful service to humanity. We can appreciate the necessity of water when we remember that 75 per cent of our body is made up of water. It is just as important as the solids in life's conditions. The demands for water are affected by the amount of muscular exercise, and degree of temperature to which the body is exposed. For an irritated stomach or bilious colic nothing is superior to liberal quantities of hot water. For "a night out" two or three cups of hot water along with a cup or two of hot coffee nothing is superior. It soothes the nervous system if you will abstain from food a few hours.

We need water for nutrition, but also as well, and more important, for a proper elimination. Water taken freely acts as a purifier of the system, both by flushing and by its solvent action. The majority of people drink too little water. I would highly advise training children to drink more water. It is a most important agent in improving the complexion. Medicine should be given in large quantities of water. In typhoid fever I insist upon free drinking of pure water. No solvent will act better in removing uric acid from the system, and the only pure water is distilled water.

Copious draughts of water for its stimulating effect or the reduction of temperature has been used many years. The hot pack in convulsions of children is often misused. Better begin with a tepid heat and add cold water gradually. Hot water locally in inflammatory conditions is most excellent.

DR. MANLEY, of New York: I have often thought that if we only realized what could be accomplished with water in a medicinal way, its use would be more general. I am strongly impressed with the fact that many of the bowel and bladder conditions could be most effectively treated by the proper use of water. In the case of cystitis I know of nothing that will take the place of water. Often I have thought the surgeon's knife might be laid aside if we knew how to use water. A large number of the cases of appendicitis, in my opinion, might be relieved by a thorough washing out of the bowel.

DR. HUGHES, of St. Louis: Water is not only good the next morning, but it is good all the time. Its value has not been overdrawn by the author or in the discussions. I am opposed to limiting the amount of water used at and during the meal time. Its action is not only eliminative, but stimulating to both kidneys and bowels. You will remember that the profession was once at the other extreme upon this subject. They considering the craving for water by the patient as abnormal. Some of us have repudiated water too much and too long.

DR. STUCKEY, of Louisville: I cannot give a "next morning experience" like my predecessors, but I can say a word in favor of hydrotherapy. I would take issue with the author on the idea that large quantities of water

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should be taken along with the food. I cannot see how it will increase or aid in the digestive function, in the stomach, but its importance after digestion cannot be overrated.

DR. BABCOCK, of Chicago: In some cases of Bright's disease it has seemed to me a sufficient quantity of water might have prevented the condition. If the bowels be constipated and the skin dry, increased work is thrown upon the kidney. Professional men, men of sedentary habits and women will often escape the severity of Bright's disease by the unlimited use of water.

DR. HENDERSON, of St. Paul: I wish to ask the author, whether or not the taking of large quantities of water will increase the fat formation. Does the fat man take water because he is fat, or is he fat because he takes water? I am a lean man and do not drink water except in the morning.

DR. TURCK, of Chicago: It seems to me the first indication is to find out what the pathological conditions are which you are trying to meet by the water therapy. We must know the condition of the stomach before advising the ingestion of large quantities of water. The habit of taking great quantities of water into the stomach, even two hours after a meal, will hinder the process of digestion. On the other hand, if there is an accumulation of material on the walls and other viscera, then the taking of water would not be objectionable.

DR. LOVE, in closing, said: As to the question of Dr. Henderson I would say, what is taken into the stomach is food and becomes nutrient that lends to development, continued health, repair, and elimination; in these processes water has an important part, if taken in the right way. I did not advise that large quantities of water should be taken while eating, moderate quantities, of course, was meant. Such cannot possibly interfere with the digestive processes. My paper was not a pathological one. It was therapeutic.

DR. ISAAC A. ABT, of Chicago, read a paper,

THE CLINICAL SIGNIFICANCE OF THE CHILD'S FONTANELLE.

In health the fontanelle does not sink below or rise above its boney frame. It has both respiratory and pulsatory movements. With increased intracranial pressure and normal bruit may quite disappear. An early ossification interferes with brain development and produces a brachycephalic skull. In rachitis the involution of the fontanelle is delayed. Marked bulging is caused by the collection of fluid within.

The abnormal retraction of the fontanelle always indicates a condition of inanition. It may be temporary; if chronic it is a serious condition. A deeply sunken fontanelle is always a danger signal in any case. Involution occurs normally at 15 to 18 months. Protuberance and tension indicate meningitis.

OPERATIVE TREATMENT OF PTERYGIUM,

was the title of a paper read by DR. EDUARD BOECKMAN, of St. Paul.

The author discussed the history of the operations for the cure of pterygium; pointing out the objections as well as the advantages of those most frequently used. He suggested an operation which was a combination of some others referred to . A crescentric piece is cut from the pterygium about five lines from its head. This part is curetted thoroughly down to the sclerotic. The head of the pterygium is dissected off. At the convexity of the piece cut out a stitch is inserted and the opposing edges drawn together. This leaves the curetted portion to granulate, and form a cicatrix. The author thinks the results from this method superior to that of any other in his experience. The paper was discussed by Drs. Wilder and Buckner.

DR. WM. H. WILDER, of Chicago, read a paper on

SUNCONJUNCTIVAL INJECTION IN THE TREATMENT OF CERTAIN DISEASES OF THE EYE.

The method consists in the injection beneath the conjunctiva of minute quantities of bichloride of mercury or cyanite of mercury in solution. The operation is not especially painful unless there be inflammation present. It has been advocated for many other conditions and diseases. Its exact limitations and indications are not yet positively decided upon. It has been impossible to get the same good results

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from the salt injections that can be obtained from the mercury. We have in this new treatment a powerful adjunct to the old and tried methods in some diseases of the eye. It is not to be employed to the exclusion of all others. It is not a panacea, but in indicated cases for the mercurial treatment, it is an excellent method.

DR. BUCKNER, of Cincinnati: I cannot see the special advantage in injecting the solution of mercury under the conjunctiva over the old method of administering hypodermically or through the mouth. The value of mercury in many cases of irido-choriditis cannot be over-estimated.

DR. BOECKMANN: I have used these injections since I first commenced to practice medicine, but at this time I am unable to say just how much good they really do. I carefully inject these solutions whenever I find an ulceration of the cornea. In some cases it acts beautifully, in others it is a failure.

DR. JAS. H. BUCKNER, of Cincinnati, read a paper on

RUPTURE OF THE CHOROID COAT.

The length of time which elapses from the date of the accident and impairment of vision, is no criterion by which to judge of the amount of damage done to the choroid. The rarity of rupture of the choroid is due to the elasticity of the coats, together with the soft and elastic cushion of fat upon which the eye-ball is supported. The paper was discussed by Drs. Wilder and Boeckmann.

DR. W. S. CALDWELL, of Freeport, Ill., read a paper on

ETHER AND CHLOROFORM; THEIR COMPARATIVE MERITS AS AGENTS FOR THE PRODUCTION OF GENERAL ANESTHESIA.

The author gave an extended resume of the statistics of death from chloroform and ether. Giving his preference for chloroform and the reasons therefor.

DR. C. TRAVIS DRENNEN, of Hot Springs, Ark., read a paper on

SYPHILIS AS AN ETIOLOGICAL FACTOR IN THE PRODUCTION OF TABES DORSALIS.

DR. W. F. BARCLAY, of Pittsburg, read a paper on

DISEASES OF THE NOSE AND THROAT IN CHILDREN.

The author dwelt particularly on the possible results of acute and chronic purulent and muco-purulent rhinitis in children. Pointing out not only the necessity for more attention by the family physician, but as well demonstrating that almost if not all of the pathological conditions, in the nose, occurring in later life, have their origin in this condition in childhood.

The paper throughout was an unusually practical and interesting one. Practical because we see it daily demonstrated in our professional life. Children should be taught to breathe through the nose rather than the mouth. Parents should be taught that surgery can relieve, very easily, those who are unable to breath through the nose.

DR. LOVE: I cannot pass over this paper without calling attention to the necessity of watching over the child from earliest infancy and in teaching it to care for its nose. Many infectious diseases, no doubt have their port of entry through this organ.

DR. LOEB: I wish to add my endorsement to the views of the author and to emphasize the fact that too often indeed the children are blamed for having noses that run, and through which they cannot breathe, when they cannot possibly avoid it.

DR. COULTER: The author's idea of the etiology of deflected septum is one which I advocated some years ago before the Illinois State Society. I am convinced that there must be some other reason in producing deflective septum, than the bumps that baby received in infancy. In stenosis of any degree there is created, in such inspiration, within the cavity a more or less complete vacuum. Thus the atmospheric pressure is to that degree increased and is a constant force of no inconsiderable gravity.

SURGICAL MELANGE,

was the title of a paper read by DR. J. MERRILL RICKETTS, of Cincinnati.

I. Ligation of brachial artery. Secondary hemorrhage occurred six days after an accident. Five days later another severe hemorrhage occurred. The middle brachial artery was ligated at

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that time. Six days later a third hemorrhage occurred. Erysipelas followed and recovery was uninterrupted. The superior profunda and its branches were the source of the hemorrhage after the ligature of the brachial. The ligatures should have been applied above the superior profunda.

II. Gunshot wound dividing the facial artery. Roller compresses were sufficient to control the hemorrhage. Multiple abscesses appeared on the cheek subsequently, one of which left a salivary fistula. This fistula was finally closed by the introduction of a silver wire.

III. Talipes equinus varus of left foot with external deformity. Phelp's operation had been made one year previously, with but slight improvement. The astragalus was removed, five weeks later, through the dorsum of the foot. Division of the tendo-Achilles was not necessary.

IV. Hypertrophied Prostate.—On the 25th day of a severe attack, double orchidoctormy was done under cocaine anesthesia. I have found cocaine will answer every purpose in these cases. This was the third case in which the same operation had been done; all were successful.

V. Sarcoma of the sacrum.—There was present a syphilitic diathesis. It had been previously diagnosed as a fattey tumor. Complete removal was followed by a prompt recovery, leaving a fistula from the rectum into the cavity. This was successfully closed by a later operation.

Papers were also read by DR. FENTON B. TURCK, of Chicago,

FURTHER REPORT ON THE TREATMENT OF 500 CASES OF GASTRITIS.

DR. CASEY A. WOOD, of Chicago,

SOME RARE FORMS OF KERATITIS.

DR. A. E. STEARNE, of Indianapolis,

THE SIGNIFICANCE AND OCCURRENCE OF CAPILLARY PULSATION IN NERVOUS DISEASES.

DR. G. I. CULLEN, of Cincinnati,

THE NEWER REMEDIES IN OTOLOGY AND THEIR RESULTS.

With a vote of thanks to the retiring officers, committee of arrangements and good people of St. Paul, the association adjourned.

THE USES OF PHOSPHOGLYCERATE OF LIME.

Although discovered by Pelouze in 1846, this salt has not been used therapeutically until last year, when Dr. Robin showed before the Academy of Medicine that it provides the organism with phosphorus in a form identical with that in which it occurs naturally in the organism.

This authority found that it increased the proportion of solids in the urine, giving a powerful stimulus to the function of nutrition, and from careful clinical observations he deducted that Phosphoglycerate of Lime is useful during convalescence to restore enfeebled vitality, in nervous affections associated with an excessive elimination of phosphates by the urine, and more especially in neurasthenia.

In chlorosis, characterized by a lowering of nitrogenous oxidation, in phosphatic albuminuria and in the treatment of cachexiae of all kinds. Administered in daily doses of five grains in a case of Addison's disease, it overcame the characteristic debility and the patient gained seven pounds in weight during twenty days of treatment.

One of the most remarkable properties of Phosphoglycerate of Lime is its aphrodisiac action on the genital organs, and in debility and decreased vital energy.

This has been especially demonstrated in India, where early marriages and excesses before full development, combined with an exclusively vegetable diet into which very little nitrogenous food can enter, leaves natives of India often almost totally impotent at an age where in temperate climates they would be in their full vigor.

The effects of pure Phosphoglycerate of Lime are at the least as energetic as the testicular fluid, which only acts in virtue of the organic phosphorus which it contains. It is therefore more advantageous to employ the Phosphoglycerate of Lime in place of the above liquid, which is extremely variable and alterable, especially as it may be taken by the mouth.

Chapoteaut has succeeded in making a pure Phosphoglycerate of Lime, and this may be prescribed in the form of wine, syrup or capsules. The dose is three to six grains with meals.

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A Few Echoes from Subscription Duns.

BELLEVILLE, ILL., October 16, 1896.

FORTNIGHTLY PRESS COMPANY, Saint Louis, Mo.

Gentlemen:—I hand you herewith my subscription. The FORTNIGHTLY is an old, welcome visitor. I have been a subscriber from the beginning, and notice its constant improvement with pleasure.

JULIUS KOHL, M. D.

SANDOVAL, ILL., October 20, 1896.

FORTNIGHTLY PRESS COMPANY, St. Louis, Mo.

Gentlemen:—Inclosed find my subscription. I regard the FORTNIGHTLY as *Ne Plus Ultra*. It could be improved by nothing I can suggest.

Yours, very truly, GEORGE H. RICE, M. D.

OSO STATION, CANADA, October 22, 1896.

FORTNIGHTLY PRESS COMPANY, St. Louis, U. S. A.

Gentlemen:—Enclosed find subscription, for which send to my address the MEDICAL FORTNIGHTLY for one year, commencing when my time is out and until ordered discontinued.

I regard the FORTNIGHTY as a highly instructive medical publication.

Yours, very truly, WARREN KILBORN, M. D.

SAN DIEGO, CALIF., October 22, 1896.

FORTNIGHTLY PRESS COMPANY, Saint Louis.

Gentlemen:—Inclosed find renewal subscription. The FORTNIGHTLY is an ably conducted magazine, clean, of high character, and with a constant aim towards advancing the noble profession of medicine to a higher standard of learning and honor. Very truly,

WILL H. HOLCOMB.

FOWLER, ILL., October 29, 1896.

DEAR FORTNIGHTLY:— Please send me latest number. I want the article on "Osteopathy" (to read to a fool). I like the FORTNIGHTLY, and will subscribe for it if McKinley is elected.

Yours fraternally, W. M. LANDON.

Please Pay Up.--Our annual "Duns" for subscription dues were sent out last month, and the returns therefrom have been indeed surprising and highly gratifying. We appreciate the many kind expressions accompanying the cash, and assure our friends that the "good cheer" shall not be without its reward. We shall aim to make each number of the FORTNIGHTLY surpass its predecessor. As it is not our intention to force our magazine upon a single subscriber who does not want it, we will drop from our list, on December 31st, all names not having a renewal mark in the proper column. Of course those who happen to be in arrears for a *year or more*, will continue to receive the magazine until all dues are settled.

Doctor, do not fail to avail yourself of Kutnow's generous offer, in this issue; it may not appear again, and costs you nothing but a stamp. Be sure to cut out the coupon, found on the *last* page of the *pink* insert.

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The Medical Fortnightly

Issued First and Fifteenth of Every Month by the Fortnightly Press Co.

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THOMAS A. HOPKINS, M. D., - - - - Associate Editor.
CHARLES WOOD FASSETT, - Secretary and Business Manager.

A COSMOPOLITAN BIWEEKLY FOR THE GENERAL PRACTITIONER.

THE MEDICAL FORTNIGHTLY is devoted to the Progress of the Practice and Science of Medicine and Surgery. Its aim is to present topics of interest and importance to the General Practitioner, and to this end, in addition to a well selected corps of Department Editors, it has secured correspondents in the leading Medical centers of Europe and America. News of Societies, and of interesting medical topics cordially invited.

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TO OUR READERS.—THE FORTNIGHTLY is in receipt of information from the Postoffice Department that second-class matter not having street address will not be delivered hereafter, but will be placed in the general delivery, to await call. We would, therefore, request our subscribers in the larger cities to advise us promptly where they wish their journal delivered, in cases where the wrapper does not contain the street and number.

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Volume X. NOVEMBER SIXTEENTH. Number 10

Editorial Department.

"WHY is the MEDICAL FORTNIGHTLY fighting osteopathy?" is a qnestion which a physician, who leans towards this craze, asked the editor recently.

Osteopathy a Fraud:

Our answer, briefly, is, because it is a fraud. It is, as we have before said, nothing but an appeal to the credulous belief in the mysterious powers of methods, which, while not new, are used by Still and his disciples to impress people (who do not know better) with the greatness of the great Still. Shorn of its ostentation and mystery, placed in the true light of science, the curative properties of the methods used by the so-called osteopaths, are simply the methods of the "Swedish method cures," and the teaching of Thure Brandt and other recognized teachers of gymnastics and massage. The osteopathy, which Still informs us, depends upon the principles of anatomy and physiology, is nothing wonderful. He seems to think he has established something new, when he

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talks to his patrons, but he says nothing in any recognized scientific journal. Why? Because he has sense enough to know he is playing upon the credulity and superstition of the people, and cannot face science with any such nonsense.

One thing that makes us so determined to fight this fraud is the utter consummate ignorance of diagnosis and pathology which prevails in that American University of Osteopathy, and the evidence that Still himself knows as much about pathology as a dog does about Sunday. As an example, several years ago a young man consulted the writer concerning a growth which appeared in the left hyperchondriac region, extending into the epigastric; a history of a fall in antedating the development of this tumor, was by the patient, supposed to be a factor in the case. After repeated examination and the taking of measurements, showing the growth of the tumor—consultation, too, being had, a diagnosis was made of a possible malignant tumor. This fact being communicated to the patient with the recommendation of operative interference, he decided that he would like further consultation, and was referred to Professor Senn, of Chicago. He went to Chicago, but as Professor Senn was out of the city, saw instead Prof. Hamilton, who advised immediate operation. The patient decided to have the operation done, and entered the Presbyterian Hospital for this purpose. Before he went to Chicago, he met with one of Still's converts, who advised him to go to Kirksville. Now, here in Chicago awaiting the operation, he thought of Still and his powers, and decided he would leave the Presbyterian Hospital and go to Kirksville. So without saying a word to any one, he quietly left Chicago and went direct to Still, who with his usual gusto and prevarication, told him he had a dislocated rib, and proceeded to maul, pound and pull "the thing into place." The result was the disappearance of the tumor in the course of two or three weeks, but what resulted? Extension of the disease along the rib, into and involving the vertebræ of the spinal column, so that one day during this mauling process, the patient suddenly became paraplegic. Intense pain and suffering followed, but as Still was committed to the cure of disease without medicine, he would not listen to the entreaties of the patient to give him relief from the pain by the use of morphine. The patient, after two days' suffering, left Still's "Haven of Cure-all," and sought the care of *a physician*. He was sent to his home in Illinois, on a stretcher, where after lingering for weeks, he died from the complications following transverse myelitis, the result of pressure on the cord. A post-mortem, made by his physician, showed the presence of a malignant tumor—sarcoma—and that the mauling which Still had given him, only intensified conditions and brought about pressure paralysis and subsequent death.

This is only one of many cases, where the patients, persuaded by the quack methods pursued by such people, are led into their clutches, only to die the death of suffering, or be relieved of large sums of money for services, which are not worth a dollar, and which are a living disgrace to a man sailing under the honorable flag which the word physician always should imply. Naturally, we say osteopathy is a fraud, and not worthy of honest consideration by the sick, or their friends. F. P. N.

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Anglo-maniacs and the Clubs.

THE Anglo-maniacs have always loved the customs that prevail in old England—to this tendency to imitate may be ascribed the introduction into this country of the detestable medical club, which, becoming the bane of the struggling practitioner in London, had to give up its residence there, and cross the Atlantic, by reason of the relentless warfare waged against it by the *British Medical Journal*. It has found a home here, for St. Louis seems to possess a few Anglo-maniacs—they reverence even what London despises—and so they have pillowed on their breasts the London outcast, and are trying to make the place it seeks for lodgment—a sectarian hospital—give it the respectability which London long since found could never exist.

Medical honor is as sacred in this country as in England, and why should it be debased to satisfy the selfish greed of adventurers, who seem to think greatness in medicine is to be found in magnifying "big I," whereas it is a fact, that true greatness comes from being true to the great principles of conduct which the golden rule teaches, and which from the time of Hippocrates has governed the ethics of practice.

We have heard much this campaign of a debased coinage, but how incomparable is it to the debased honor of medicine. Think of it, made a toy with which the malcontents play to satisfy their selfish ambition. Believers in such "a gift enterprise" could much better manipulate a bucket-shop than to try to practice medicine. They are more fit subjects to sell pools, push green goods and sell town lots in paper cities, than to follow the profession of Flint, Gross, Hodgen, Pope or Sims. F. P. N.

Physicians and Their Journals.

WE do not understand how so many physicians can be contented to plod along in a tentative sort of way as regards their literature. In fact, it seems to us demoralizing to the profession to know that there are physicians who depend on sample copies, and a few irregular journals for the source of their information in things new in medicine. Physicians must be in touch with progress if they do their whole duty to their patrons. It is to their credit to be students, and it is to their honor that they take time to read, even when pressed by the cares of a busy practice. Especially does it seem to us that the physician in general practice should be in touch with what is new in internal medicine, for nine-tenths of his practice is in this department of medical science. He should read the special journals having a bearing on internal medicine. Journals like the *Archives of Pediatrics* should be on every physician's list, for children's diseases have a very important part to play in practice, and one must read to be in the front with the strides made in this very scientific branch of practice. Again, nervous diseases should cease to be the labyrinth of mystery, which they are to many physicians. They would, if such journals as the *Alienist and Neurologist* were on every physician's table.

Hygiene, of which it is said few physicians know little, and really aim to know less, must be studied, and *The Annals of Hygiene* should be read,

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and it is a physician's duty to preserve for reference its valuable numbers. Genuine results will come from such reading and the physician's reputation be thereby extended. Physicians must read, and as journals herald progress before it is embodied in text-book form, we feel that the physician who boasts that his time is so fully employed that he "can't read" is more or less a demagogue, and cannot be depended upon to be a well-rounded, well-grounded man. With medical literature so plentiful and so cheap, there is no excuse for a physician not being "up-to-date" on progress. F. P. N.

Medical Education in Missouri.

SO MUCH has been said in regard to our State Board's new ruling as to educational requirements of prospective medical students, that there is little room for comment. Our schools have gracefully accepted the situation, and we have entered a new era in medical education. It is interesting to note the effect of the Board's action on the attendance at the various schools. Without question, the class entering this year is the best prepared for the study of medicine of any which ever passed through our schools. Numerically the classes are weak. Schools which have matriculated anywhere from 50 to 150 new students are now considering thirty a good class. But, in fact, there are no *weak* classes, for all matriculants are picked men. The examinations have been easy; no one can complain of their difficulty—yet a large proportion of the applicants failed, and they ought to have failed. It is a happy day for medicine in Missouri. Missouri has ever been a pioneer in the advance of medical education, and she now takes a step which, though nominally existing elsewhere, has never been enforced as it is being enforced here.

The medical colleges in the State have reported matriculations as follows: Missouri Medical College, 32; Homeopathic of Kansas City, 6; University Medical College of Kansas City, 27; Kansas City Medical College, 9; Ensworth Medical College of St. Joseph, 8; Barnes Medical College, 34; Beaumont Medical College, 17; St. Louis Medical College, 24; College of Physicians and Surgeons, 17; Missouri Homeopathic College, 3; American Medical College, 13; State University, 28; Central Medical College of St. Joseph, 52; Woman's Medical College of Kansas City, 14; Homeopathic Department of the University of Kansas City, Kas., 7. The Marion-Sims College has not yet made its report.

Our State Board should have the cordial support of every physician who appreciates the true dignity and worth of medicine. T. A. H.

THE MONTREAL MEDICAL JOURNAL for September is a rare number, containing the papers of the Canadian Medical Association. The standard of medical literature published by this journal is always high, but this number is exceptionally rich in scientific and thorough papers.

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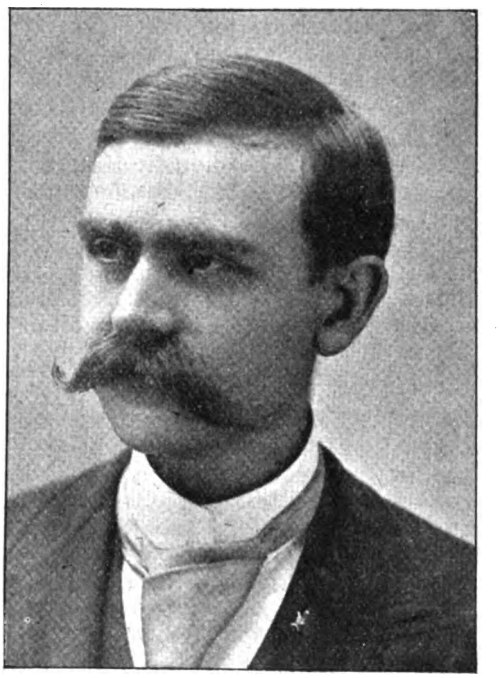
GRADUATE NURSES.—The St. Louis Baptist Hospital graduated a class of four from its School for Nurses on Thursday, November 5th. The graduate nurse has come to occupy a very important place. She is the physician's right-hand-man, and we are pleased to offer our congratulations to these young ladies. The day when incompetency can be countenanced is past, for nurses as well as for physicians, and the graduate nurse may depend on the graduate physician to appreciate and avail himself of her able assistance.



FRANK TRESTER SMITH, M. D.,
Chattanooga, Tenn.
Secretary Tri-State Medical Society of Alabama, Georgia and Tennessee.

MEDICAL EXAMINATIONS are required in many branches of business, and in many "services" where they were not formerly thought of. One of the latest instances is that of the graduates of the High School in New York City as a requisite to the granting of a teacher's certificate by the Superintendent of Instruction. The charge is $3, which is paid by the applicant. Many business firms and corporations now require that an applicant for a position shall undergo a thorough physical examination before consideration. None but those who are sound mentally and physically are accepted.—*Medical Examiner.*

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THE MEDICAL RECORD has again shown great enterprise in a special edition issued October 31st, designed to extol the winter health resorts of America.

OUR symposium, "How to Teach Medicine," was interrupted by the summer vacation, which some of our prominent contributors spent abroad, but we hope to have the remaining papers on hand soon, so that this valuable series may be continued.

TO OUR EXCHANGES AND ADVERTISERS.—We note that considerable mail matter is yet being addressed to our old office, 1006 Olive street. As this occasions some trouble and delay in delivery, we would ask that our address be kindly changed to 911 Union Trust Building.

FORTNIGHTLY PRESS CO.

WE acknowledge the receipt of a copy of the proceedings of the Association of Medical Officers of American Institutions for the Idiots and Feeblee-Minded Persons. It is of great scientific value, inasmuch as the address by the President (our dear friend), Dr. A. W. Wilmorth of Norristown, Pa., is of high order, likewise the papers by Dr. Martin Barr, of Elwyn, Pa., on Moral Paranois; Dr. Fletcher Beach of England; Dr. Telford Smith of England, on Cretinism; of Dr. Knight, of Dr. Miller, and others are worthy efforts, and we are pleased to have them all in one binding. We congratulate this society on its good work, and only wish its active membership included many physicians interested in this special branch of medicine.

THE AMERICAN ASSOCIATION OF OBSTETRICIANS AND GYNECOLOGISTS, at its ninth annual meeting, held at Richmond, Va., elected the following named officers for the ensuing year, namely: President, James F. W. Ross, M. D., Toronto; Vice-Presidents, George Ben Johnston, M. D., Richmond, and John C. Sexton, M. D., Rushville, Ind.; Secretary, William Warren Potter, M. D., Buffalo; Treasurer, Xavier O. Werder, M. D., Pittsburg; Executive Council, Charles A. L. Reed, M. D., Cincinnati; Lewis S. McMurtry, M. D., Louisville; A. Vander Veer, M. D., Albany; J. Henry Carstens, M. D., Detroit, and William E. S. Davis, M. D., Birmingham. The next annual meeting was appointed to be held at the Cataract House, Niagara Falls, N. Y., Tuesday, Wednesday, Thursday and Friday, August 17, 18, 19 and 20, 1897.

MR. HAMLIN J. ANDRUS, President of the Arlington Chemical Co., was killed in his office at Yonkers, N. Y., on October 21st, by a dynamite explosion which wrecked the office and blew the victim's body to pieces. No clew has yet been found which offers any hope of bringing to justice the author of this infernal outrage. It was thought at first that it was an accident, but later investigations all point to assassination. The deceased, Mr. Andrus, was not known to have an enemy in the world—at least, none whose animosity could lead to so monstrous a crime, and hence the blow is thought by many to have been intended for his brother, Mr. John Andrus, though on what ground is not stated. The Arlington Chemical Company is one of the best known of all the great establishments which manufacture for the physician, liquid peptonoids being among their productions. It is sincerely to be hoped that the perpetrator of this outrage may yet be apprehended and punished.

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The Reviewer's Table.

Books, pamphlets, instruments, etc., for this department, should be sent to the Managing Editor, Saint Louis.

Therapeutic Uses of Peroxide of Hydrogen, Hydrozone, Glycozone, and Eye Balsam.—By Charles Marchand. Pp. 216. Sent free to physicians mentioning this journal. New York: Drevet Mfg. Co., 1896.

This brochure in its eleventh edition gives in detail all the most authoritative views on the therapeutic use of peroxide of hydrogen, etc. It contains something better than 100 articles reprinted from our leading medical journals, and will be found a most reliable exponent of the subject. Marchand's Peroxide is the standard of excellence, and Marchand's book on its therapeutic application also sets the pace. Through the courtesy of the Drevet Manufacturing Company, this valuable book will be sent free to all physicians making application and mentioning The Medical Fortnightly.

A Manual of Obstetrics by W. A. Newman Dorland, A. M., M. D., Assistant Demonstrator of Obstetrics University of Pennsylvania. One hundred and sixty-three illustrations; six full-page plates. Philadelphia: 1896, W. B. Saunders. Net,

This manual belongs to the Saunders valuable series of clinical manuals. It is compact, concise, explicit, well illustrated and handsomely printed. It is especially good on clinical obstetrics, which, after all, is what the student needs. We are sure it will meet with a warm reception from medical students who have not the time to read the more exhaustive treatises on obstetrics. We predict appreciation of its many points of merit.

Minor Surgery and Bandaging.—By Henry R. Wharton, M. D., Demonstrator of Surgery in the University of Pennsylvania. New (third) edition. In one 12mo. volume of 594 pages, with 475 engravings, many being photographic. Cloth, $3.00. Philadelphia: Lea Brothers & Co., 1896.

Wharton's Minor Surgery has won a place among the smaller works on surgery which certainly must be gratifying to both the author and the publishers. This the new (third) edition is exceptionally good; it is a handsome production of the book maker's art; the illustrations are profuse, apt and excellent, and the text is clear. It is concise, but not to the detriment of explanation of details of technique, etc., of operations. It is up to date in every particular, it is a safe guide for the young practitioner, and a reliable friend to the established surgeon who wishes to refresh his memory regarding details, etc. We heartily commend the book.

Hare's Practical Diagnosis; The Use of Symptoms in the Diagnosis of Disease.—By Hobart Amory Hare, M. D., Professor of Therapeutics and Materia Medica in the Jefferson Medical College of Philadelphia, Laureate of the Medical Society of London, of the Royal Academy in Belgium, etc. In one octavo volume of 566 pages, with 191 engravings and 13 full-page colored plates. Cloth, $4.75. Lea Brothers & Co., Philadelphia and New York, 1896.

We congratulate Dr. Hare on his success in arranging his admirable work on diagnosis in his very original plan. The study of symptoms of disease are studied first, and their application to determine the character of the disease follows. A very natural method. It will be especially serviceable to students and tyros in practice. Being practical in its clinical study of disease, it takes away that confusion which invariable follows when groups of symptoms are studied as a whole. Especially is this method valuable in the study of differential diagnosis. The double index is a worthy feature of the book. From our experience as a teacher of physical diagnosis and clinical medicine we have learned the value of such a book to students, and we predict that this valuable addition to the literature in medical diagnosis will receive a warm reception. F. P. N.

Food and Health in Disease.—By I. Burney Yeo, M. D., F. R. C. P., Professor of Therapeutics in King's College, London. New (second) edition. In one 12mo volume of 592 pages, with four engravings. Cloth, $2.50. Lea Brothers & Co., publishers, Philadelphia and New York, 1896.

We have for several years depended on Yeo as an authority on dietetics, and now to have his standard work revised and up to date is a pleasure which we enjoy. Every physician must study food and how to use it. The day of "toast and tea" has gone by; today we must know the physiological chemistry of food and its therapeutical applica-

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tion. We know of no work which so aptly fills the needs of the busy physician in this line than Yeo. This book is compact, well printed, handsomely bound, and this, taken with the very valuable and scientific information contained in it, makes it a book which every physician should have. The student should read it with thoroughness, so as to be grounded regarding the principles which should underly therapeutical application. We predict a large sale for it. F. P. N.

System of Surgery.—Edited by Frederic S. Dennis, M. D., Professor of Principles and Practice of Surgery, Bellevue Hospital Medical College Visiting Surgeon to the Bellevue and St. Vincent Hospitals, etc., etc. Assisted by John S. Billings, M. D., LL. D., Edin and Harv.; D. C. L. Oxon.; Deputy Curgeon General, U. S. A. Vol. iv. Profusely illustrated. Royal octavo, 970 pages. Lea Brothers & Co., New York and Philadelphia, 1896.

This volume completes a most magnificent work on Surgery. As in the previous volumes which have been reviewed in these columns, the subjects are considered by our highest authorities, and their work is so thoroughly done that it is needless to say that for years to come Dennis' Surgery will be considered a classic. The following subjects are considered in this fourth and last volume: Tumors, Hernia, Surgery of the Alimentary Canal from the Pharynx to the Ileo-cecal Valve, Appendicitis, Surgical Treatment of Appendicitis, Surgery of the Alimentary Canal from the Ileo-cecal Valve to the Anus, The Surgery of the Liver and Biliary Passages, Surgical Disorders and Diseases of the Uterus, Surgical Diseases of the Ovaries and Tubes, Minor Gynecological Surgery, Symphyseotomy, The Surgery of the Thyroid Gland, The Surgical Peculiarities of the Negro, Diseases of the Female Breast, and The Use of the Roentgen or X-Rays in Surgery. It would be a pleasure to dwell at length on the great work of each chapter, but space does not permit; it is enough to say that the contributors to this volume are Drs. F. S. Dennis, Robert Abbe, W. T. Bull, H. C. Coe, F. T. Hartley, J. Tabor Johnson, William W. Keen, R. Matas, W. M. Polk, M. H. Richardson, William T. Lusk, C. S. Pilcher and Robert F. Keen. T. A. H.

A Manual of Clinical Diagnosis by Microscopical and Chemical Methods.—For Students, Hospital Physicians and Practitioners. By Charles E. Simon, M. D., Late Assistant Resident Physician Johns Hopkins Hospital, Baltimore. In one very handsome octavo volume of 504 pages, with 132 engravings and 10 full-page colored plates. Cloth, $3.50. Lea Brothers & Co., Philadelphia and New York, 1896.

We are pleased to commend this very scientific work on a subject with which physicians in general are but little informed. Laboratory diagnosis represents, in our judgment, one of the greatest advancements internal medicine has made during the past decade. Without this method, medicine would be empiricial in its observations. What is wanted is exactness, not guess work, and only by clinical diagnosis with microscopical and chemical methods can we feel we are doing the best for our patient. Dr. Simon has given us a book classical in its conception, scientific in its arrangement and thorough in its detail. A book which every medical student should study as he does his Gray on Anatomy, for by so doing he will become thorough. It is the thorough scientific man who succeeds. Simon's Diagnosis is a standard work which should find its way as a textbook into every medical college in this country. F. P. N.

THE AMERICAN ACADEMY OF RAILWAY SURGEONS.—Report of the Second Annual Meeting, held in Chicago, September 25, 26 and 27, 1895. Edited by R. Harvey Reed, M. D., Columbus, Ohio. American Medical Association Press.

The American Academy of Railway Surgeons, while one of the younger, is undoubtedly one of the most vigorous of our great medical societies. The transactions of the second annual meeting are certainly of a very high order. The report before us is admirably gotten up and is of a niceness quite in keeping with the work of the Academy.

TRANSACTIONS OF THE SOUTHERN SURGICAL AND GYNECOLOGICAL ASSOCIATION.—Volume VIII. The Eighth Session, held at Washington, November 12, 13 and 14, 1895. Published by the Association.

The transactions of this association form, in themselves, a most valuable library. Within the eight volumes already issued will be found a presentation and discussion of all that is latest and best in the gynecological and surgical world.

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Twenty-seven Cases of Croup.

BY E. W. SAUNDERS, M. D.,

ST. LOUIS, MO.

Professor of Diseases of Children, and Clinical Obstetrics, in Missouri Medical College.

CASE NO. 1. Wm. K., aet. 7 years. Began to complain Saturday evening; seen first by Dr. Chapman, Sunday night; found patient with temperature elevated, rapid pulse, marked dyspnœa, slight cyanosis; the dyspnœa was of about ten hours duration, and gradually increasing. Slight patch of pseudo-membrane visible on one tonsil. Intubation performed at once, and 40 c. c. (4000 units) City Health Depart. antitoxin injected. (Another member of the family was affected with faucial diphtheria at the same time.) Relief complete. Within twenty-four hours the fever diminished, and all the vital symptoms improved. Tube removed on the third day. Uninterrupted recovery.

CASE NO. 2. Harry L., aet. 18 months, of fair size and condition. When first seen by Dr. Chapman was suffering from extreme dyspnœa, cyanosis, elevated temperature. Has been suffering from "croup" for several days. Intubation gave complete relief. Injected 20 c.c. City H. D. antitoxin (2000 units.) The antitoxin produced its characteristic effects in 36 hours, and the tube was removed; at the end of an hour it had to be replaced. This process was repeated on the three following days, with a like result. Temperature was normal, and aside from some fretfulness, the little fellow seemed perfectly well. At the suggestion of Dr. Saunders, an aluminum tube was ordered, but before it was completed, the child, during a desperate fit of coughing, ejected the tube, which was followed by a very violent attack of dyspnœa. A different tube was inserted, (the conformation of which was slightly different from that of the one the patient had been wearing). The following day this tube was removed, preparatory to inserting the aluminum one, but on waiting we found the stenosis did not return, and the aluminum tube was not used. The child now regained health and strength, and in two or three weeks seemed to be well. I was again called two months later, and found there was marked dyspnœa. Without intubating, I watched the little fellow for two hours and saw the dyspnœa subside. The following day I found the child much worse, and the parents reported that the paroxysin was now of several hours duration. I prepared to intubate, but found the tube would not enter the larynx at all; the same tube which had entered so readily before. Tracheotomy was refused, and the little fellow died a few hours later, eight weeks after the tube was first inserted. No post-mortem was permitted.

CASE NO. 3. Mike S., aet. 4 years, anæmic, and rather small for his age. Seen first by Dr. Chapman and Dr. Saxl, about eight hours after onset. Temperature slightly elevated, dyspnœa, countenance anxious and

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pale. Intubated, and injected 20 c. c. (2000 units) Mulford. The temperature fell at the end of twenty-four hours to normal, but on removing the tube it became necessary to replace it. The tube was coughed out within twenty-four hours, and had to be replaced again; on the third removal, at the end of the third day, there was no return of the stenosis. Recovery delayed somewhat by a slight attack of of bronchitis at the end of the first week.

CASE NO. 4. Baby Z., aet. 10 months; delicate and puny; suffering from faucial and laryngeal diphtheria. Dyspnœa quite marked. Intubation gave complete relief. 10 c. c. (1000 units) City H. D. injected. The effect of the antitoxin was clearly manifested twenty-six hours after the injection. Temperature normal, and appetite returned; membrane white and undermined. Thirty hours after injection the child died suddenly after this manner: the mother, who was sitting up with the child, says that it coughed, struggled, became black in the face, and fell back dead. Intubation performed by Dr. Chapman.

CASE NO. 5. Tommy F., aet. 16 months, Episcopal Orphans' Home. Strong and vigorous; had three or four weeks before recovered from an attack of croupous pneumonia. Cause of stenosis in this case was a laryngitis accompanying measles. Perfect relief was given by intubation. The tube was coughed out two and one-half days after insertion; there was no indication for its re-insertion. Died of broncho-pneumonia three days after.

CASE NO. 6. Cecil, aet. 10 months. A strong, vigorous boy, an inmate of Bethesda Foundling Home. Primary laryngeal diphtheria. Croupy cough and hoarseness. In the evening stenosis becoming worse, 40 c. c. Gibier were injected, and with the assistance of Dr. Saxl I prepared to intubate. The two-year-old tube was coughed out as fast as it was put in, and the next size was too large. The patient was transferred to the City Hospital. Dr. Zey, of this institution, informed me that he received 10 c. c. Mulford (1000 units) shortly after admission; that the stenosis grew worse, so that intubation was determined upon. There was a delay in performing the operation on account of the absence of Dr. Sutter, the superintendent; before the arrival of the superintendent, the stenosis appeared to be somewhat relieved, and this relief became more and more manifest until the necessity for intubation disappeared altogether. On the following morning the patient received another injection of 10 c. c. Mulford (1000 units), and was dismissed at the end of a week cured. The relief of the stenosis came in about eight hours after the first injection. Intubation by Dr. Chapman.

CASE NO. 7. Baby C., aet. 18 months. Seen first with Dr. T. A. Martin. This was one of the first cases in which antitoxin was used. Began as a faucial diphtheria; laryngeal invasion on the fourth day; died on the tenth day. The antitoxine used was Gibier's in repeated doses of 25 c. c. every day for four days, beginning on the fifth day of the disease. The course of the disease did not differ from that of a case treated without antitoxin. Intubation on the sixth day, and the tube allowed to remain until death. Death was due to cardiac paralysis. Intubation performed by Dr. Saunders.

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CASE NO. 8. Lillie C., aet. 5 years. Patient of Dr. Neuhoff. Primary laryngeal diphtheria. Dyspnœa very marked. Temperature high. Intubation. 20 c. c. Mulford (2000 units) injected. Within twenty-four hours the temperature fell and appetite returned. Tube was removed on the second day, and the patient dismissed cured on the fifth day. Intubation performed by Dr. Chapman.

CASE NO. 9. Mike A., aet. 7 years. Patient of Dr. Reinders. Faucial and laryngeal diphtheria. Temperature high; dyspnœa marked; countenance anxious and dusky. Intubation gave complete relief. 49 c. c. Gibier injected. The vital symptoms began to improve after twenty-four hours; tube removed the fourth day. This little fellow steadfastly refused to swallow with the head lowered, and the parents indulged him, and after a good many paroxysms of choking and coughing, he acquired the ability to take food and drink while in the upright position, the tube being still in the larynx. Recovery, Intubation performed by Dr. Chapman.

CASE NO. 10. Baby McK., aet. 2 years. Under treatment four days. The physician in charge Dr. Dickerson, not having much confidence in antitoxine, none had been administered. When first seen the dyspnœa was very marked, and the fauces blocked with membrane. 25 c. c. Gibier injected, and intubation performed. Tube removed on the fourth day, but had to be replaced within an hour, and it was allowed to remain until the child ejected it during a violent attack of coughing on the eighth day. Recovery. Intubation performed by Dr. Chapman.

CASE NO. 11. Pat G., aet. 5 years. Pronounced dyspnœa; countenance dusky, pale and anxious. Had received 20 c. c. Mulford (2000 units), from Dr. Dixon, twelve hours previously. Intubation. The effect of the antitoxin was manifested next morning; tube removed on the third day. Recovery. Intubation performed by Dr. Chapman.

CASE NO. 12. Lillie S., aet. 6 years. Temperature high; red injected throat, but no membrane visible; dyspnœa not vere severe, but increasing. Intubation gave perfect relief to the breathing. 20 c. c. City H. D. injected (2000 units). The effect of the antitoxine was evident at the end of twenty-four hours; tube was removed on the second day. Recovery. Intubation performed by Dr. Chapman.

CASE NO. 13. A. B., aet. 2 years. Dr. Chapman was called by Dr. Shattinger to see this case. When he arrived at the house the child was moribund, and before intubation could be done, life was extinct. The case had been under the care of an irregular practitioner, up to the time Dr. S. was called, shortly before Dr. C. arrived.

CASE NO. 14. Annie B., aet. 7 years. Extreme dyspnœa had lasted 48 hours; no membrane visible anywhere; negative report on culture from the throat by the health department. Intubation. Tube removed on third day. Recovery. Intubation performed by Dr. Saunders.

CASE NO. 15. Lillie C., aet. 7 years. Was asked by Dr. Dixon to perform intubation in this case, which was one of primary laryngeal diphtheria. Intubation, 20 c. c. Mulford (2000 units). The tube was removed thirty-six hours later, Recovery. Intubation by Dr. Saunders.

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CASE NO. 16. Chas. M., aet., 18 months. When first seen by Dr. Deutsch had been sick four days; temperature 99, pulse 116. Next day dyspnœa had developed, temperature 103; called Dr. Saunders in consultation; injected 2000 units Mulford. Intubation attempted unsuccessfully. The child died of toxæmia before the effects of the antitoxine were manifested.

CASE NO. 17. Annie H., aet. 4 years. Dr. Deutsch found the patient with cough and dyspnœa, pulse weak and rapid; temperature 102; tonsils and pharynx red and injected; breath foul. Dr. Saunders was called and performed intubation at once; 20 c. c. (2000 units), Mulford injected. Tube was removed next day, but had to be replaced within a few hours; it was removed again at the end of the next twenty-four hours, and found not necessary to replace it. Recovery.

CASE NO. 18. Hubert R., aet. 4½ years. When first seen by Dr. Auler patient was suffering from a pronounced laryngeal and faucial diphtheria. Behring No. 3 injected, and intubation performed. Child also received 1-16 gr. pilocarpine mur. every hour. Six hours later the child was much salivated, and in a profuse perspiration. Pilocarpine ordered every four hours, and 1-200 gr. strychnia added. At 3 A. M., five hours later, found the patient suffocating, breathing hardly perceptible, and heart very weak. Succeeded in freeing the lumen of the tube, which was partially occluded by detached membrane. In a short time the child revived. We discontinued the use of the pilocarpine, and continued the strychnia. From this time on the child made an uninterrupted recovery. Tube removed on the sixth day. Intubation performed by Dr. Auler.

CASE NO. 19. Matilda S., aet. 18 months. First seen by Dr. Auler on January 2d; examination revealed nothing but a congested and turgid condition of the mucous membane of the throat. On the third found faint outlines of membrane on the fauces. Immediately gave the child an injection of antitoxin, Gibier; in the evening in consultation with Dr. Saunders gave another injection of antitoxin, Gibier, and intubation was performed, which gave relief to the dyspnœa. The tube was removed on the fourth day, and the child made an uninterrupted recovery.

CASE NO. 20. Emma S., aet. 8 years; weak, puny, anæmic. When first seen by Dr. Auler had been complaining for several days. On examination, uvula, fauces and both tonsils were found covered with a light, viscid, glairy membrane, and the parts were also highly congested. Tr. ferri chlorid., and potass. chlorati internally; and antitoxin injected; hydrogen peroxid, locally, was continued until the fourth day. The temperature ranging from 100 to 104 during this period. On the evening of the fourth day, Dr. Saunders was called in consultation, and advised another injection of antitoxin. At 1 A. M. it became necessary to intubate, as the child was suffering from extreme dyspnœa. Tube removed on the third day. Recovery uncomplicated.

CASE NO. 21. Grace S., aet. 8 months. Dr. W. S. Barker was called at midnight, and found child suffering from extreme dyspnœa; intubation was performed. Within six hours the dyspnœa had returned, and had become so urgent that it was necessary to perform tracheotomy. No

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membrane and no tube found in the trachea. One vial of Gibier's dried antitoxin was injected at 10 A. M.; at 2 P. M. a large piece of membrane was expelled from the trachea. At 8 P. M. 25 c. c. Gibier injected. Death sixteen hours after the first injection. The O'Dwyer's tube was found on post mortem in the intestine.

CASE NO. 22. Case under care of Interne Dr. Saenger, City Hospital. Diphtheria of the fauces, larynx and trachea of several days duration. Child in extremis. 25 c. c. Gibier (700 units) injected at midnight; intubation performed with no relief whatever; tube withdrawn and tracheotomy performed by Dr. Shannahan, Senior Surgical Assistant. Death from descending croup and profound toxæmia in less than twelve hours after the injection of the antitoxin. Intubation performed by Dr. Saunders.

CASE NO. 23. Sarah J., aet. 3 years. Dr. VonPhul, Interne at the City Hospital reports that this patient was brought in on the 18th of July, and the mother stated that the little one had been suffering four days with a cough, hoarseness, pain on swallowing, and fever. On examination child was found to be suffering from marked dyspnœa, fever and rapid pulse; patches of membrane on the pharynx and tonsils. Was given at once 11 c. c. antitoxin, City H. D.; breathing became gradually worse until intubation was performed by Dr. Saunders at 1 A. M., giving perfect relief to the labored respiration. Tube extracted next day, but had to be replaced several hours later. On the morning of the 24th the child pulled the tube out by means of the attached string, after which it was not necessary to replace it. Recovery. Dismissed on the 26th.

CASE NO. 24. Case was seen with Dr. Lemoine. Infant of 18 months; laryngeal diphtheria, which had lasted two days, dyspnœa extreme. Intubation gave entire relief to dyspnœa after expulsion of large quantity of mucus. 25 c. c. Gibier injected. Temperature 104, pulse 160. Symptoms pointed to cerebral involvement. Child died of convulsions twelve hours after injection. Intubation performed by Dr. Saunders.

CASE NO. 25. Seen with Drs. Ahlbrendt and Perkins. Boy of 7 years. Secondary croup. Faucial diphtheria commenced one week previously. Dyspnœa extreme. Intubation at 2 A. M. Injected 3000 units, Mulford. Relief of dyspnœa only partial. Presence of tube excited no paroxysms of coughing. Temporized until 11 A. M. when tracheotomy was performed by Dr. Perkins. Large membrane extracted from the trachea. Dyspnœa continued. Died of descending croup at 7 P. M., eighteen hours after injection of antitoxin.

CASE NO. 26. George Z., aet. 5 years. Dr. Hypes reports was taken sick February 1st. Treated with home remedies until the 7th, when he was called in. Found patient running around the room; slight fever, throat red, but free from membrane; slightly croupy cough. During next day, symptoms about the same, but croupy breathing. Next day, the 9th, the breathing was much worse; and at noon the patient received 10 c. c. Mulford; all the symptoms grew worse until 1 A. M. of the 10th. Intubation was performed by Dr. Saunders. Tube was removed three and one-half days after insertion. Recovery.

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CASE NO. 27. Infant of 18 months. Primary laryngeal diphtheria. 25 c. c. (700 units) Gibier injected eighteen hours previously by the two physicians in attendance. Dyspnœa extreme. Intubation gave entire relief after expulsion of abundant mucus. Tube caused violent paroxysms of coughing. Tube withdrawn on the third day by means of string left attached. Recovery. Intubation performed by Dr. Saunders.

The mortality of this series of cases treated since November, 1894, the beginning of the antitoxin period, is 37 per cent. Leaving out the two non-diphtheritic cases, and the moribund child who received no antitoxin, the percentage would be 33⅓ per cent. All the rest received antitoxin injections, and in all of them intubation was performed or attempted. In three, Nos. 21, 22 and 25, all fatal, secondary tracheotomy was performed. In two, Nos. 13 and 16, the attempt at intubation was unsuccessful; in the one case, because the child was moribund, and in the other, because the tube would not enter; and in No. 2 also intubation was found to be impossible at the final attempt.

The operation was performed thirteen times by myself; twelve times by Dr. H. N. Chapman, my assistant; once by Dr. W. S. Barker, and once by Dr. H. V. Auler.

Case No. 2 stands alone. After several unsuccessful attempts to dispense with the tube during the eighteen days following its introduction, it was finally removed, and the child dismissed cured. However, the voice never returned, and during the winter the child had several distressing attacks of laryngeal spasm, coming on usually during sleep. Two months after the intubation, an attack came on so severe and persistent, that Dr. Chapman was summoned, and found it impossible to introduce the tube beyond the belly. Tracheotomy was refused, and the child died several hours later. It would seem that an attack of laryngittis with spasm of the glottis, was the cause of death. The child had marks of rickets, and undoubtedly was subject to laryngo-spasm before and after the attack of diphtheritic croup. Whether there was any cicatricial contraction as a result of the treatment or not, is an open question.

In Case No. 4 death was due to the occlusion of the tube in the absence of skilled assistance.

Case No. 7 died on the tenth day, of cardiac paralysis. The antitoxin, which was received from the Pasteur Institute of New York, November, 1894, having exerted no influence whatever on the course of the disease.

Case No. 16 was the only one in my experience, extending over nine years, in which intubation was impossible. The child, aet. twenty-three months, had been ill for five days; the nares, larynx and fauces were covered with false membrane, and toxæmia was profound. The dyspnœa was not very urgent; intubation was deemed advisable as a prophylactic measure before leaving the case for the night. However, the tube for two-year-old child failed to enter; the tube for one-year-old child penetrated some distance, but the head stood up above the glottis, and could not be forced any further without using undue force. The tube was withdrawn and the breathing seemed improved for several hours. The child died within twelve hours after injection of antitoxin (2000 units Mulford), and the

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attempted intubation. Death was due to profound toxæmia. The heart's action was too weak to permit of our attempting tracheotomy.

In case No. 21, the fatal termination was unexpected. After tracheotomy the breathing was easy, and the general condition good. Death was due to descending croup which ran its course with unusual rapidity. This was the second case in our practice which received the dried serum, and in both the results were unfortunate.

In case No. 14 antitoxine was injected out of abundant caution, although the case was not considered diphtheritic from the first. The swelling of the glottis was due, no doubt, to an attack of grippe. I have seen several cases of this kind since 1890.

If we eliminate the deaths occurring within twenty-four hours after the injection of antitoxin, and also case No. 5, which was non-diphtheritic, the deaths *preventable by antitoxin and relief of stenosis* we find are but three: No. 7 in which the antitoxin was worthless; No. 4, in which death was due to an accident, occlusion of the tube by detached membrane, and No. 2, in which death occurred two months after treatment.

The favorable influence of the serum treatment upon the mortality from the diphtheritic croup is very inadequately shown by these figures. These are all cases of croup that have been seen by myself and Dr. Chapman, my assistant, since November, 1894. Of the large number of cases of diphtheria occurring in our asylum and private practice during this period, not one developed *secondary laryngeal diphtheria*, although the deaths in the city from diphtheria and croup during 1895 rose to over one hundred per month. No mention is here made of cases which gave evidence of invasion of the larynx, without stenosis, the symptoms disappearing as soon as the characteristic effect of the antitoxin became manifest.

Large doses of the serum were administered in almost every case, and in only one case, No. 7, did it fail to exert its specific influence where life was prolonged over twenty-four hours. The New York Pasteur Institute serum is rated by the Massachusetts State Board of Health at less than one-third of its ostensible strength. The Mulford is up to standard invariably.

Mulford now has a serum, No. 8, of which 3⅓ c. c. contain one thousand antitoxin units, which we have used latterly with great satisfaction. In cases of croup we should not forget the larger the dose, the sooner the effects are manifested.

The serum prepared by our Board of Health we have also used extensively, especially in asylum practice, and found it absolutely reliable.

In reference to the advantages and limitations of intubation I must draw upon my experience in the operation since 1867.

Hugues, in his excellent monograph, gives but one condition demanding tracheotomy; namely, where intubation is impossible by reason of spasm of the glottis. He recites several cases occurring in his practice. I have had only one, No. 16, and this could not strictly be put in that category, for the reason that the smaller tube entered the glottis, but was arrested below the vocal cords. The condition seemed to me to be analogous to that which I observed several years ago, in the case of a woman who was

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suddenly seized with an attack of croup so severe that she almost despaired of life before medical help could be obtained; but when I reached her two hours after the onset, the worst of it was over. On largyngoscopic examination the glottis was seen to be normal, but below the cords the mucous membrane on either side was red, and so swollen as to leave only a narrow space between. The symptoms subsided almost as rapidly as they came on.

Undoubtedly there was false membrane as well as infra-glottic swelling in case No. 16, and perhaps infra-glottic spasm, as suggested by Hugues, in speaking of these very puzzling cases, under "False Passages."

Baginsky, on the other hand, recognizes that cases of extensive formation of membrane in the throat and glottis, as well as cases of tracheal and bronchial diphtheria, give very bad results with intubation. From my own experience, I would say that cases of extensive faucial diphtheria should not be intubated, unless the string is attached, and a physician remains with the case until the membranes are exfoliated, as occlusion of the tube from above is followed by instant death.

The existence of tracheal diphtheria cannot with certainty be diagnosticated until intubation is performed. The failure of the tube to excite violent paroxysms of coughing is an ominous sign. If after the expulsion of the accumulated mucus, the relief of the dyspnœa proves to be only partial, the diagnosis is made certain. I am fully convinced that in such cases it is far better to perform tracheotomy immediately, following the general surgical rule for the relief of stenosis, and the removal of foreign bodies, situated below the larynx. I must say that I have never used O'Dwyer's short round tube which he recommends in these cases. There seems to be every reason for preferring tracheotomy; the trachea can be cleared of false membrane, and if the bronchi are not involved, the relief of the dyspnœa is complete; the dangers of broncho-pneumonia, or sudden death by suffocation, are diminished. I will also add another class of cases in which tracheotomy seems to me to be preferable, the *moribnnd*. Intubation presupposes the ability on the part of the patient to cough vigorously and expel the large quantities of mucus, which almost invariably are found in the trachea in extreme cases. In the cases under consideration all struggling for breath has ceased, and the respiratory tract takes no cognizance of the presence of the tube. In my own experience I have had only deaths to report, unless the immediate performance of tracheotomy followed by artificial respiration, availed to restore the child. The attempt to deal with such cases by intubation, especially on the part of novices, has done much to discredit O'Dwyer's wonderful invention.

The mortality of tracheotomy in infancy is so notorious, that we would hesitate to apply these rules strictly to cases under two years of age.

There are four possible factors producing suffocation in croup: false membrane; swelling of the parts; accumulated mucus, and spasm of the glottis. Any mode of procedure which does not take into account all these factors, as well as the amount of assistance which the patient is able to render in ridding himself of the obstruction, is essentially faulty.

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The wonderful effects of antitoxine have encouraged many to neglect operation for the relief of stenosis, and against this evil I cannot protest too strongly. Intubation is so perfectly harmless in itself, that every case in which there is the slightest dyspnœa, is entitled to the benefit of the operation as a prophylactic measure, as well as a merciful one. *There is no excuse for allowing a little one to suffer the unspeakable horrors of partial suffocation, with the possibility of the sudden occurrence of fatal laryngeal spasm, and the probabilities of broncho-pneumonia, beside the depressing effects upon the system of deficient oxygenation of the blood, when a painless operation, requiring not more than ten seconds for its completion, will prevent it all.

In a former paper, published in the *Virginia Medical Monthly* for March, 1896, I strongly urged the claims of pilocarpine as an adjuvant to antitoxin, during the first twenty-four hours of treatment; whilst warning against its dangers in croup. One case of this series, No. 18, substantiates what I there said. It cannot be too strongly emphasized that the danger is not passed when the tube is extracted. Sudden dyspnœa from swelling or laryngo-spasm, may occur hours, or even days afterwards, and I have known of cases which were regarded as being cured being lost in this way.

Lennox Browne suggests introducing the tube by the aid of the laryngoscope; but to us, whose experience lies more in the direction of clinical work than of writing books, such a statement seems astonishing, seeing that the guiding finger is necessary to prevent the withdrawal of the tube with the obturator, especially in using the smaller sizes.

Hugues mentions hemorrhage as a rare accident in intubation; and another writer speaks of it as something to be dreaded. An examination of the instruments made in Paris reveals the reason for this statement. The obturator projects one-fourth inch beyond the tube, and is very pointed. Such an instrument in the hands of a novice is capable of inflicting serious damage upon the structures, and in the most skillful hands is very liable to detach the false membrane.

E. W. Saunders.

*The cupping of the tubes is of inestimable advantage in rendering the otherwise difficult operation of extraction comparatively easy.

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The Medical Fortnightly

Acute Relapsing Rheumatism.

By W. W. Hunt, M. D.,
East Providence, R. I.

In the treatment of cases of acute and subacute rheumatism physicians have long sought for a remedy which, while possessed of the efficiency of the salicylates, would be free from the gastric disturbances to which they frequently give rise, as well as their toxic effects on the heart and nervous system. As is well shown in the following observation, salophen embodies all the good properties of the customary antirheumatics without their unpleasant and injurious effects, and the results obtained in this case are the more noteworthy in view of the obstinate character of the disease the frequent relapses and the futility of the ordinary method of treatment.

Mr. G. C., 32 years of age, had been suffering from acute articular rheumatism for seven weeks at the time I first saw him. He had commenced to treat himself by taking tongaline, but gastric disturbance compelled him to call a physician, who gave him Frye's effervescent salicylic acid, but this also disturbed the stomach, and he was given salol in small doses. Under this treatment the pain became better, and he was able to get out for a few days, but was soon back in bed with another acute attack. This continued for about seven weeks when the patient became discouraged and sent for me July 7th. I found him in bed with both shoulders and elbows and the right wrist and hand swollen, red, and very painful. The patient was very anæmic, the stomach irritable, and the urine small in quantity and very highly colored. I put him on salophen, fifteen grains, three times daily, half an hour before meals, and iron and strychnia half an hour after meals, and regulated his diet. I saw him again the next day, July 8th. The pain was very much better, and he had slept fairly well, and was able to move the arms. July 10th. Patient was up and dressed, and had no pain since yesterday. He could raise the arm to nearly a level of shoulder. salophen was continued. Urine much better in color. July 17th. Patient gained steadily, had no pain whatever, and no gastric disturbance. The bowels were regular. He was allowed to go out doors. Salophen, ten grains, three times daily, was continued. July 25th. Salophen was discontinued and patient discharged. He has had no pain and no return of old trouble, although a slight stiffness in shoulders persists, and he has resumed his work.

I kept the patient indoors for a longer period than usual, as I feared he might over-exert himself and bring on a relapse. I was very much pleased with the absence of gastric disturbance in the use of salophen, as well as the instantaneous relief from pain. I have used salophen quite a good deal in subacute cases of rheumatism with the best of results, but this is the first acute case in which I have tried the drug.

I have also found it to be very beneficial in some cases of sciatica, one case in particular yielding very rapidly to treatment.

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Reports on Progress.

COMPRISING THE REGULAR CONTRIBUTIONS OF THE FORTNIGHTLY DEPARTMENT STAFF.

Genito-Urinary Surgery and Venereal Diseases

BY BRANSFORD LEWIS, M. D.,

ASSISTED BY

DR. G. W. TURNER and RUTHERFORD GRADWOHL,

ST. LOUIS, MO.

Total Emasculation for Cancer of the Penis.

By Dr. Felix Legueu, Surgeon for the Hospitals of Paris. (Annales des mal. des organes genitourinaires; translated by Rutherford Gradwohl.)

The author had occasion, last year, to practice a total emasculation for a cancer of the penis, encroaching upon the urethra. Operations of this nature are not very numerous; the patient was a man of advanced age, seventy-five years; the operation has given very good results, for after ten months, nothing has occurred to alter the truth of this statement. It is to this that we owe the interest in the operation, making as it does a strong plea for more frequent interference in cases of cancer. The history of the case follows:

An old man of seventy-five years came to consult me in July, 1895, for a tumor of the penis. For ten months he had noticed, upon the glands, under the prepuce, a growth to which he did not at first pay much attention. After a few months the lesion became more aggravated; the tumefaction of the glans became very pronounced; a purulent and hemorrhagic discharge set in, accompanied by severe pains which troubled the patient so much that he consulted his physician, who sent him to Paris for operation. On examination, the penis was found to be enormously swollen, the whole region of the glans and prepuce was hard, but the glans could not be seen; on palpation, firm indurations, resisting and irregular, were detected. Through the orifice of the prepuce an ulceration could be seen, encompassing the circumference of the meatus; this ulceration was covered with pimples and papules, which bled freely, while the ichor which was discharged had a particularly fetid odor. The skin was quite intact, but on examining the uretha, I was struck by the peculiar induration which it presented; this was several centimeters in length, while beyond it, in the passage of the scrotum, we could feel a very hard and very limited nucleus which could be nothing less than neoplastic nucleus. The lymphatic glands in both groins were enlarged and movable. The patient suffered greatly; the pains were very severe, especially during micturition, for the passage of the urine caused much burning of which the patient demanded to be relieved at any cost. On exploration, the urethra easily received a No. 17 bougie; the anterior part of the urethral passage presented some irregularities, chief of which was a projection in the vicinity of the before-mentioned indurated nucleus. The prostate was hypertrophied, although the patient presented no symptoms of prostatitis; the prostate was very much enlarged both in length and breadth. A diagnosis of epithelioma of the glans penis, encroaching upon the urethra, was made. The patient demanded relief; no contra-indication for operation existed. On the 19th of July, 1895, I practiced total emasculation in the following fashion: The scrotum was first divided in the median line, the testicles on both sides were cut off, after ligature and section of the cord. The penis was then amputated at its root, separating it from the pubes and the suspensory ligament by a circular incision. The corpora cavernosa were thereby cut at their base, while the urethra was cut off horter, at a certain distance to the rear of the neoplastic induration. The urethra was satured to the posterior part of the preserved scrotum; the two corpora cavernosa

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were then closed by some sutures of Florence horse-hair. The two cutaneous edges of the scrotum formed a projecting lip, which effectually closed the incised parts within. The subsequent operative measures were very simple; eight days after operation, the wound was completely united, and the sound which had been placed in position at the time of operation was removed. Unfortunately at this time iodoform poisoning set in which endangered the patient's life for some days; the wound, though united, was still dressed with iodoform gauze; the quantity employed being not more than usual, the reunion of the wound seemed sufficient guarantee against the subsequent results; as it was, the fact that the urine became black and scanty, the noticeable metallic taste in the mouth, together with the existence of a persistent delirium, all these phenomena were sufficient to demonstrate the nature of the attack—iodoform poisoning. After struggling fifteen days with this trouble, the patient triumphed over the attack. I had thought at first of making a second operation for the removal of the inguinal glands, but the precarious condition of the patient, at that time, prevented me from making any such procedure; I accordingly deferred this operation until a later time, and the patient left the hospital in a still precarious state. I saw him one month after; his condition was then more satisfactory; he had become somewhat corpulent, his appetite had increased, likewise his spirits were more cheerful; the enlarged lymphatic glands had disappeared. I have since kept him under my notice; the excellent condition has continued, now, the tenth month after operation, the results seem very flattering. The inguinal glands are still normal, there is no sign of a relapse, and interesting to note, the volume of the prostate has appreciably diminished in all its dimensions; it is incontestable that castration in this case determined the subsequent atrophy of the prostate gland. An examination of the neoplasm proved that it was a pavement epithelioma of the glans penis; the nucleus found in the urethra, in the rear of the scrotum, was a neoplastic nucleus of the same nature. Although the scrotum had not been affected, yet, I thought it advisable to extricate the testicles. I would not have been satisfied with bringing the scrotum, like a curtain in front of theurethral orifice (artificially transposed to the perineum). I preferred to extirpate the testicles because they seemed useless and because I thought this procedure would lead to an atrophy of the prostate which was already becoming alarmingly hypertrophied. As the patient, prior to operation, had given no evidence of a functional trouble, it is difficult to say what real benefit he derived from castration, aside from the fact that his enlarged prostate became greatly diminished in volume. From another point of view, the result obtained is still more remarkable; before operation, the condition of the patient was very precarious, his leanness, the cachectic color of his skin, the extent of his lesions and his advanced age seemed disadvantageous conditions under which to operate. Notwithstanding all this, the operation was followed by a sort of physical and moral regeneration, so that today, ten months after operation, this result is still maintained, his health being good, with no indication of a relapse; considering all things, we think real benefit has been derived from our operative measures.

Operative Treatment of Tuberculous Epididymitis.

(Quenu. Gaz. med. de Paris; translated from the French by Rutherford Gradwohl.)

The author thinks that castration should be considered with discretion, for a testicle which is left has not only a moral value, but there is good reason to suppose that although deprived of excretory passages, it continues to exercise upon the general nervous system a considerable influence, the more so because after the total destruction of the epididymis by the curette, the testicle keeps its normal volume and consistency. The author usually follows this procedure: An incision, three or four centimeters in length, opens the tuberculous space; with two forceps (Kocher's), the lips of the opening are seized and a thorough curettement of the little tuberculous cavern is made. The surface, only, of the cavity is

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touched with a ten per cent solution of chloride of zinc, and, if the cavity is very small, there need be no hesitation in making a primitive union with deep and superficial catgut sutures. If the space is very large, no deep sutures are placed, but the cavity is packed with idoform gauze. The author has practiced this method of curettement in all cases where the nuclei did not seem to be disintegrated.

The Treatment of Gonorrhea of the Lachrymal Sac.

(M. Puech. Soc. franc. d'opth. Congres de mai. Translated from the Revue inter. by Rutherford Gradwohl.)

Strictures or narrowings of the nasal caal, in the majority of cases, are simply turgid inflammations, which seem more pronounced than they really are inasmuch as they are situated in portions of the nasal canal already more narrow than the normal state. A stricture of the nasal canal is not very often the cause of the gonorrhea, being, on the contrary, only a symptom, a nearly fatal consequence. In consequence of the princople that the stricture is only an accident and the essential cause of the involuntary flow of tears is the inflammation of the mucus membrane, the author tries at first to modify the condition of the mucus membrane by the aid of a stringent and antiseptic liquids. As for catheterization, which is practiced so frequently, it should be used as rarely as possible since its role is merely to make a passage for the injected liquid which may be arrested in its course through the nasal canal. This is undesirable for if the injected liquid passes through the nasal canal instead of remaining in it, the efficacy of the treatment will be lost; consequently, catheterization should be abandoned in these cases.

THE MUTILATED ASKARI.—"ARMS AND LEGS."

Soon after the battle of Adigart in Abysinnia, where the Italian troops were defeated, it was known that about 250 Askari, who had enlisted in the Italian army in Africa, and who were taken prisoners at the battle, were most barbarously mutilated by the orders of the Menelik, and then set free. The Italian War Office authorities, directly they heard of this mutilation, called in Signor Invernezzi, the well-known Roman orthopoedist, to advise them as to the best kinds of artificial limbs for the unfortunate Askari. He gave a description of the various artificial limbs, and strongly advised the Beaufort forms as being the best and cheapest. The authorities accepted his advice, and immediately sent Signor Invernezzi and three of his workmen, with materials for making 150 limbs, to Africa. Signor Invernezzi has lately returned to Rome, and he has very kindly given me the following particulars about the mutilated Askari: There are about 250 of them altogether, and the large maportly had their right hand cut off at the wrist-joint ,and their left foot at the ankle-joint. A few had their left hand and right foot cut off, probably by mistake. The amputations were made straight across the joints by means of two incisions, one in front, the other behind; then the hand and foot were forcibly bent backwards and forwards and cut away. The hemorrhage was stopped by plunging the stumps into boiling oil; sand has also been used for the same purpose. The result of these very unscientific operations was that no flaps were left to cover the ends of the bones of the forearm and leg, and the wounds would only heal by second intention. When Signor Invernezzi arrived in Africa he found that the wounds were slowly granulating, and he told me that he had seen a few Askari who had been mutilated in the above described manner a few years ago whose wounds had healed by second intention with the exception of a superficial ulceration of the center of the cicatrix, which might have been caused by the primitive artificial limbs the Askari were wearing, or may be the remains of the primary graulation surface which had not become covered with skin. It appears that a great number of these poor fellows have permitted the Italian surgeons to cut off a portion of the bones for the purpose of forming suitable flaps for the stumps. In these cases healing has quickly taken place, but in those who have not consented to be operated upon the healing will take several months. Signor Invernezzi has set up a workshop at Asmara, so that the artificial limbs will be ready when the patients are able to wear them. I believe the expenses in connection with these artificial limbs will be defrayed by the Italian Red Cross Society.—Rome Correspondent British Medical Journal.

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Medical Melange

ARTIFICIAL FEEDING.

It undoubtedly is the experience of all engaged in the practice of medicine, in the judgment of the writer, that one of the questions of paramount importance is the study of diet. Say what you will, your patient will have a more grateful remembrance, a more cherished regard for your professional attainments if you will study the diet problem, with a view of giving comfort and pleasure as well as health in your selections of the articles of food to be used.

The test of a physician's skill is not always in diagnosis, for to know how to avoid the hidden cross currents of a bad diet which tend to change the course of a disease; to steer through a fog when the signs of disease are obscure and the sounds of the breakers not far off, with appropriate diet, are evidences of skill which, like the pilot's knowledge, is not to be found in text books, but obtained by experience. Five years' residence in hospital practice has taught the writer the needs of more observation regarding diet, and especially the necessity of a thorough training in cooking for those who aspire to be trained nurses. We read in our journals and text books that we must avoid proprietary food products, that they are unwholesome, are not scientifically compounded, and hence dangerous. Yet at the same time we are given no instruction as to how to meet this diet problem, and, aside from such generalizations as the following, "Those forms of food should be given which are digested with greatest ease" (from a standard text book on medicine), the young physician is especially at sea, and not knowing how to use his chart and compass, naturally drifts along—he may wreck his patient or carry him into port safely. Chance is the only rule. It strikes me that a chair of dietetics can with much profit be added to the many chairs now extant in a medical college, and text book recitation and experiments in laboratory and kitchen used to the students' great profit. The student in medicine must thoroughly understand the principles of diet, and as it now is, he receives no practical instruction, but generalizations as unsatisfactory as they are problematical. On the other hand, we have today proprietary food products founded upon correct principles of physiological chemistry, which are scientifically compounded, under strict inspection of scientific men, hence are reliable. We believe the researches of such authorities as Leeds, Chittenden and other well-known chemists are worthy of our confidence. If they inform us that these food products are reliable, we can believe them. If clinicians like Yeo, in his admirable work of "Food in Health and Disease," endorse such foods, we naturally feel they are standard, and hence we are free to prescribe them. The writer has spoken thus because his experience has taught him that domestic dietary is unreliable, there is no standard of composition—it varies from meal to meal and is modified according to the empirical conceptions of the nurse. In feeding the insane we have learned that their physical health must be first studied, the feces, the urine, the blood, must be analytically studied, as well as inquiry into the clinical manifestations of faulty metabolism. From such a foundation an endeavor can be made to correct the deficiencies by proper administration of food and adjuvants.

In the feeding of fever patients we have to study the needs of the patient as well as the disease, and in our diet endeavor to supply the needs. We must adapt our food to the altered state of nutrition. Give food sufficient to meet the demands. We no longer starve a fever; in fact, we too frequently overfeed, by losing sight of the inability of the digestive organs to correctly dispose of the food given. We may augment what was our intention to relieve. Therefore we should study the needs of the patient.

We have found in the therapeutic application of foods that many of the so-called patent foods have better claims as reliable agents than much of the special diet which the nurse, the indulgent parent, or the empirical cook dispenses for our patient's comfort and use. Milk has easily maintained first place as a diet, applicable to a wide range of diseases and perverted nutri-

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tive changes. This is so because milk was designed by the all-wise Creator, and hence it cannot be improved upon. Milk is a food which man has tampered with to improve it, but he always gives up to Nature, believing that all man can do is to render milk more assimilable and thus encourage its use where, by reason of weak digestive functions, it is rejected by the patients. Inquiry along this line has been extensive, it has been scientifically pursued by laboratory inquiry. Empiricism has ceased to be the guiding star, for by the physiological and chemical investigations of acknowledged scientific men, data of true scientific worth has been established and guides thus given us, which we feel are reliable. Milk, therefore, still plays the title role, but it has able support from other agents necessary to make it effective and worthy of confidence. Food products have come from the laboratory which have found a place in the armamentarium of the careful physician in his scientific warfare with disease.

These food products are but the transformation of substances from Nature's laboratories, made possible by the study and investigation of such men as Bartoletti, Lowitz, Vanquelin, Kirchof, Payen, Persoz, Leachs, von Liebig, Leeds and others. Today we have, as the result of such chemico-physiological investigation, Mellin's Food, Horlick's Malted Milk, Imperial Granum, Ridge's Food, Carnrick's Food and others. Mellin's Food, as is well known, is to be used with fresh cow's milk, thus emphasizing, as we before said, the fact that milk is the basis of all reliable artificial food products. Mellin's Food gives to milk the proper proportion of carbohydrate, fat proteids, etc., necessary to make the product assimilable and a wholesome food.

Horlick's Malted Milk has milk also as a basis, but in this reliable food the agents have been combined in the laboratory, placing it in a form which requires but the addition of water to make it ready for use. Imperial Granum is another reliable and wholesome food which is generally used with milk. It is especially serviceable as a diet for children after they are four months old, and especially at that period (eight or ten months) when the mother is desirous of help preparatory to weaning. It is also a reliable food in the forced feeding of the insane, where, combined with milk, it may alone serve a useful purpose. The forced feeding of the insane is a problem which is but little understood, even by asylum physicians. Again, it is not studied in these days of political appointments to the important positions as health guardians to a class of people who, above all others, require intelligent and scientific care, especially during those periods of exhaustion from acute mental disease, and during the sad days when delusions prevent them from taking medicine or food, except where it is forced upon them. An essay could be written on this subject alone, showing the advantages of concentrated, easily assimilable diet, but space will not permit. However, if patient inquiry be made into the condition of the digestive system and appropriate care and treatment be given, the diet problem then is easily solved, but if forced feeding be enforced without such care and treatment, only trouble and woe awaits the endeavors thus given to aid a very sick patient. Imperial Granum should be used, with a sufficient quantity of milk, repeated at appropriate intervals, instead of using, as we have seen done, a great quantity of food given all at once, and only once in twenty-four hours. Such feeding is too much like "slopping hogs," and is given with the same intelligence. It must not be forgotten that an insane patient is a sick person and should be treated as such. Again, in feeding nervous women a problem is presented which needs intelligent treatment.

A physician cannot bluff or scold at or refuse to consider the food problem. it is just here where the man of detail —by that is meant the physician who looks after small things—wins his way over the man who considers such detail beneath him. A nervous woman can have more "stomach squalls," more storms, than any patient to be met with in practice. To meet them requires a study of the patient and then of food. Blend the two, and the problem is solved. Imperial Granum is a

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happy agent to be used here; it is taken without discomfort, is retained and assimilated. The many pretty dishes which the dainty hand of woman can create are also worthy of our most sincere consideration, but never tell of what they are made, because there are many nervous women sickened by a name. A rose by any other name will smell as sweet, and a food product unnamed will taste sweeter to the nervous woman. The woman who tells you she can't drink milk will take Imperial Granum, although it be two-thirds milk, providing you call it Imperial Granum and do not leave the directions for its preparation where they can be read. Malted Milk is unfortunate in its name in such cases, although we have seen it used under other names. The feeding of fevers requires the use of brains in mixing the food. Especially in typhoid fever, where again milk is our sheet anchor, but it is not always assimilated and requires the addition of agents to partially digest it. We will speak of this in another paper.

F. P. N.

LITHIA WATER TABLETS VS. LITHIA WATER.

We would recommend the using of the tablet for various reasons, viz.: They admit an accuracy of dosage not otherwise obtainable, and unless the physician knows what quantity of Lithia he is administering, how can he expect definite results? If an antiseptic solution, say 2 per cent carbolic acid, is desired at the clinic, what surgeon would accept a solution of carbolic acid, the percentage of which he was entirely ignorant? Do not the fundamental rules of therapeutics demand an intelligent knowledge of the quantity of a drug administered? What physician would think of prescribing a mixture containing strychnine unless he knew the amount of strychnine in the compound?

The knowledge that it contains strychnine is not sufficient. It is how much. Why, then, do with lithia what you avoid doing with any other drug?

Lithia prescribed definitely is, as we have said, one of the foremost remedies of its kind, but its administration otherwise cannot be too vigorously condemned.

Another salient feature of the Lithia Tablet is the convenience of administration, avoiding the "bulkiness" which is connected with Lithia waters. The cost is less, no doubt due to the fact that the transportation charges of the tablet are fractional compared with that of cases of bottled water; you also avoid the cost of unnecessary and useless containers, cost of bottling, etc.

A bottle with a base about one and one-half inches square and three inches high, containing Lithia water tablets, easily carried in the pocket, constitutes the equivalent of two and one-half gallons definite Lithia water as prepared by William R. Warner & Co.—Monthly Retrospect.

UROTROPIN.

(J. A. Flexner, M. D., in the American Practitioner and News.)

The favorable reports that have come to my notice regarding Urotropin lead me to think that some additional facts concerning it may not be amiss. Urotropin is a derivative of formic aldehyde, and not a coal-tar product. The well known antiseptic and preservative power of formic aldehyde in solution, led Nicolaier of Gottinger to use this solution, containing 40 per cent of the gas, and known as formalin, as a means of preserving specimens of urine from decomposition pending examination. He noticed that neither uric acid nor the amorphous urates were deposited, though the same specimens not treated with formalin deposited either or both, as the case might be. Even when already precipitated, these substances underwent solution when formic aldehyde was added to the specimen. Urines that readily deposited large amounts of uric acid when acidulated with a mineral acid, did not do so when a sufficient amount of the preservative was added.

The results of these investigations prove very conclusively the great uric acid solvent power of formalin. The reputation of the lithium salts as uric acid solvents is caused by the common error of applying the results of laboratory experiments to practical therapeutics. The fact that lithium forms an insoluble phosphate, and that the blood and urine contain considerable amounts of soluble phosphates, show that lith-

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ium salts, given by the mouth, must form insoluble phosphates of lithium long before they can combine with the uric acid. In this respect it is no exception to the chemical law that when the ingredients for the formation of an insoluble body are present in a mixture, this body will always be formed. Medical opinion has for a long time attributed the success attending the use of the lithiated waters to the water, and not to the lithium that they contain. A similar error obtains in the case of some more recently introduced substances, lycetol, lysidin, etc. They do not, in the urine, form the very soluble uric acid combinations that they do outside the body. Formic aldehyde being too irritating to be taken internally, Nicolaier then determined to try its amine combination as a substitute. This substance, hexamethylenetetramin or Urotropin, is non-poisonous even in considerable quantites, is unirritating, very soluble in water, and is as good a uric acid solvent as formic aldehyde itself.

The name Urotropin was given to it on account of the changes which its administration brought about in the urine. Alkaline and putrid urines, containing mucous in excess, pus and pus organisms, uric acid or amorphous urates, were rapidly restored to a normal appearance and an acid reaction. The urine was sterilized, and increased in quantity, and calculi and deposits were dissolved. Hence Urotropin is a most valuable resource in all suppurations of the urinary tract, and in all gouty and rheumatic conditions where an active eliminant of uric acid and its salts is indicated. A further valuable property of Urotropin is its faculty of combining readily with salicyclic acid and forming a soluble combination. A solution containing from ten to fifteen grains each of Urotropin and salicylic acid to the fluid ounce of water or other suitable vehicle has the further advantage over the salicylates alone in that its taste is not disagreeable. It appears to be far less irritant to the gastric mucous membrane than solutions of salicylic acid usually are, and the combination promises to have a wide range of therapeutic usefulness.

CARLSBAD SPRUDEL SALTS IN ASTHMA.

The value of Carlsbad waters is recognized the world over, but in no country has it more ardent admirers than in America That it is not generally used is only a result of its being inaccessible. Salts of these waters have proved too nauseating to be of practical value, or have lost their valuable constituents in the endeavor to make them palatable. Kutnow Bros., New York, (Kutnow & Co., London) have by the introduction of their "improved effervescent powder" made it possible to reproduce the living Carlsbad Sprudel Spring. Analysis shows that this powder is a most perfect substitute, all the ingredients lost in evaporation having been subsequently added, the natural effervescent quality being also present through the presence of an amount of carbonic acid gas equal to that found in the natural water, and this together with the addition of a little saccharine renders the water most palatable. A trial of this powder will convince the physician that it is in no way inferior to the natural water. He will find it invaluable in all rheumatic, diabetic and other conditions which would ordinarily be recommended to the Springs.

Samples of their "Improved Effervescent Powder" and Kutnow's Anti-Asthmatic Powders and Cigarettes, an equally valuable product, can be had by applying to Kutnow Bros., 52 Lafayette Place, New York City. (See coupon on last pink page.)

FOR THE BABY.

Ridge's Food has for twenty years been recognized as the most perfect substitute for mother's milk on the market, and thousands of little "milkless" youngsters bear testimony to its efficacy. Send for a sample, doctor, if you have a nursing mother on your list, whose supply of milk is scanty. Woolrich & Co., Palmer, Mass., or of any druggist.

SANITARIUMS FOR CONSUMPTIVES.

It is announced that several large insurance companies are figuring on the cost of maintaining sanitariums in the Rocky Mountain regions for the accommodation of their consumptive risks.

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SLUMBER SOUND IN PHILADELPHIA.

The current belief that insomnia is unknown in Philadelphia will be strengthened by an incident related by the correspondent in that city of The Lancet. He writes that a hypnotist had been giving exhibitions in one of the theaters, and as a "special feature" he put a victim into a sleep that was to last seventy-two hours, placed him in a store window in a prominent thoroughfare, and offered $100 to any one who could rouse the sleeper before the time named. One man, anxious to earn the money, failing to make any impression on the victim by tickling, prodding, etc., became desperate and struck him some heavy blows with his fists, without accomplishing his object, however, but injuring him severely. Just at this juncture the "professor" arrived. He was ordered to arouse the man, which he did, when it was found necessary to remove him to a hospital.—Medical Record.

A REFRESHING DRINK.

During the cold weather physicians, and especially country physicians, will find it very convenient to have a package of Horlick's Malted Milk at home so that they can make themselves a warm and nourishing drink at a moment's notice when called out for a long drive, or to use as a lunch at other times when there is no opportunity of enjoying a full meal. It is not a stimulant, but supplies warm and concentrated nutrition in an easily assimilable form. Horlick's Food Co. offer trial packages for this purpose on application.

UTAH TO THE FRONT.

The Utah State Medical Association was in session at Salt Lake City, Oct. 7. The following resolution was adopted on the subject of legislation:

"Whereas, The Utah State Medical Society, in its annual session, having under consideration the subject of preventive medicine, appreciates the fact that our state laws are deficient in proper regulations governing the health of communities; therefore be it

"Resolved, That we as state medical society and as individuals do agree that we will use our best endeavors to procure the passage of a law creating a state board of health; it is, therefore, moved that the president of this society appoint a committee to draft such a bill and to work for its passage at the next legislative assembly."

The election of officers for the ensuing year resulted: President, G. W. Perkins of Ogden; vice-presidents, A. S. Bower of Salt Lake, and L. W. Snow of Logan; board of censors, I. A. E. Lyons, Salt Lake; S. L. Brick, Ogden; G. D. Gregor, Park City; F. W. Taylor, Provo; Dr. Castleman, Bingham; treasurer, C. M. Wilson of Park City; secretary, J. N. Harrison of Salt Lake. The next meeting will be held at Salt Lake.

A GOOD ALL-AROUND TONIC.

What two eminent physicians of world-wide reputation have said regarding the standard preparation, Fellows' Compound Syrup of Hypophosphites: Dr. Milner Fothergill wrote: "The combination (Fellows' Hypophosphites) is an excellent one—the best yet made to my knowledge. It is a happy thought. It is a good all-around tonic, specially indicated where there is nervous exhaustion. It is readily digestible, and has given much satisfaction in my experience of it." Lennox Brown, F. R. C. S., senior surgeon to the London Throat and Ear Hospital, wrote: "Having thus a considerable experience of the preparation, I have much pleasure in advocating its use by my professional brethren, and with a confident expectation that their experience will be equally gratifying with my own." Mr. Fellows urgently requests every physician in prescribing his Compound Syrup of Hypophosphites to see that his patient receives the original article to guard against substitution.

CAMPHO-PHENIQUE

is a pure antiseptic powder, non-irritating, odorless, non-toxic, and is a good local anaesthetic. A half ounce mailed you free if you will mention The Medical Fortnightly and address Phenique Chemical Co., St. Louis, Mo. Ask also for their ingenious Confinement Indicator.

Doctor, be sure to use the coupon found on last colored leaf in this issue. That's what it's there for.

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Fortnightlettes

Utah has the banner record in her State Medical Society. She has over 25 per cent of all physicians practicing in the state enrolled as members.

To practice medicine in the republic of Hawaii a license must be obtained from the minister of the interior, after having first passed the board of medical examiners.

Dr. George M. Sternberg, Surgeon-general of the U. S. army at Washington recently received the degree of L. L. D. at the 128th annual commencement of Brown University.

In accordance with a requirement of the health officer, an unacclimated passenger from Havana was taken to Hoffman Island, New York Harbor, Oct. 19, to pass the incubation period there. He developed yellow fever the same night, and died two days later.

The California Northern Medical Society met at Marysville, Oct. 13. The following officers were elected: President, John Fife of Red Bluff; vice-presidents, T. M. Todd, Auburn; J. Ellis Rodley, Chico; T. P. Peery, Yuba City; secretary, Elmer E. Stone, Marysville; treasurer, O. Stansbury, Chico.

The members of the Hempstead Medical Association of Portsmouth, Ohio, have decided to prepare a black list of all persons who refuse or deliberately neglect to pay physicians' bills. The arrangement was to go into effect Oct. 1, and medical treatment is to be refused to all persons whose names are on the list, unless paid for in advance.

The Ohio State Board of Medical Registration and Examination has nearly finished its labors, having registered up to the present 6,567 graduates of medicine and 588 legal practitioners—a total of 7,155; 136 applications have been rejected, and 100 are still pending, making a grand total of 7,491. The total number of names given in Polk's directory of physicians in Ohio is 7,560. Consequently it is evident that the law has been very generally complied with, as very few physicians remain who have not registered.

Great Britain manufactured over one million barrels more of ale this year than in 1895.

Professor Pajot recently died in Paris. He had been connected with the University for nearly forty years, occupying the chair of obstetrics.

Dr. William McGowan, of Latrobe, Pennsylvania, recently bequeathed a large estate to the University of Pennsylvania, $20,000 of which is in personal property.

The founders of the Royal Victoria Hospital in Montreal—Lord Mont-Stephen and Sir Donald A. Smith—have recently donated an endowment fund of $800,000 to maintain the institution. This amount will insure the hospital an annual income of about $40,000.

The Equitable Life Insurance Company has heeded the protests of its examiners and announced that hereafter the fee for medical examinations will be $5, as formerly. The reduction to $3 has, as readily predicted, proved to be a very poor economy. The John Hancock Mutual Life has also reestablished the $5 rate.

Dr. James Cooper Martin, one of Kansas City, Kansas, most honored and respected citizens, died at 4 o'clock, Oct. 18, at his home, corner Sixth street and Washington avenue. Death was caused from tuberculosis, a disease from which the doctor has been a sufferer for several years.

Dr. Martin was born in the year 1832, in Fayette County, Pennsylvania.

An income tax has been imposed upon physicians practicing in Kentucky. It is graded according to income, the annual license being $10 on any amount under $2,000; $20 on $2,000 or any sum under $5,000; $40 on $5,000 or any sum below $10,000, and on incomes of this amount or exceeding it $1,000 is the anunity demanded. The medical societies of Louisville have taken conjoint action to test the legality of the law, pending which physicians are advised to resist payment of the license.

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Society Proceedings.

TRI-STATE MEDICAL SOCIETY OF ALABAMA, GEORGIA, AND TENNESSEE.

Eighth Annual Session, Chattanooga, Tenn., Oct. 13—15.

[STENOGRAPHICALLY REPORTED FOR THE MEDICAL FORTNIGHTLY]

The meeting was opened with prayer by Rev. R. B. Garrett.

J. B. Murfree presiding.

Y. L. ABERNATHY read a paper:

CONVULSIONS IN CHILDREN TREATED WITH LARGE DOSES OF MORPHINE,

in which he related several cases which seemed about to die and which recovered under large doses of morphine.

ANDREW BOYD had used large doses of morphine in cholera infantum as a dernier ressort. In convulsions and cholera infantum the cause is entirely a reflex one, and the treatment seems to be correct and rational, no matter how heroic it may seem. He related a case where an infant six months old took 70 drops Tr. Opii in two hours and a half and 4 quarter grain injections of morphine in six hours.

J. P. COLVIN said that these cases could be controlled by the application of cold by sponge bath or wrapping in wet pack, the temperature of the patient being an indication of the temperature of the bath and the use of small doses of mercury in cholera infantum. Did not like to advocate large doses of morphine as this if long continued will produce convulsions.

P. L. BROUILLETTE thought that in these troubles large doses of morphine can be tolerated. This does not cure the disease but relieves the symptoms and gives us time to look for and treat the cause.

W. C. TOWNES thoroughly agreed in giving the large doses related by the author. The trouble being self limited the patient will recover if it can be tided over crisis. The doses taught for the dangerous medicines are too small for these exceptional cases. He had given gr. j strychnine with good effect. Had given gr. ss morphine to children.

GEO. S. BROWN thought it dangerous to allow such claims of the harmlessness of large doses of morphine in children with convulsions to go unchallenged. Said that it was well known now that convulsions were due to the absorption of toxins from undigested food in the alimentary canal. These toxins were powerful irritants to the nervous system and in this respect, no doubt morphine was an antidote and just therein lies the harm. As long as the toxins are being absorbed there may be a great tolerance for the morphine because their respective effects on the nervous system are exact opposites. Let a purgative be given and the poison-breeding material be swept away, such doses of morphine as recommended in the paper would likely prove fatal.

W. G. BOGART understood the writer to be giving simply his experience with morphine and of course gave other treatment. We should look for the cause. Besides the cathartic, good could be accomplished by an enema.

In closing the discussion Dr. Abernathy said that morphine was one of the most deadly, damnable, detestable remedies we have, like the vampire which lulls its victim to sleep while it sucks its life blood. He never uses it in children except in these cases which otherwise will surely die. Other treatment is indicated, nervines, cold applications, if fever, eliminants, etc. The convulsion is only a symptom, but a very dangerous symptom and if not relieved the patient will die.

As causes he mentioned debility, gastro-enteritis, peripheral irritation, rickets, ptomaines, fever, congestion of brain, etc.

D. S. MIDDLETON read a paper:

CYSTITIS; REPORT OF CASES,

being a statistical report showing its frequency in woman, a discussion of the pathology, cause (microbic infection), the treatment by antiseptic injections and a report of cases so treated.

G. A. BAXTER would add only one remedy, a saturated solution of acetate of aluminum. Nitrate of silver sometimes produces tenesmus and he no longer uses it.

GEO. S. BROWN commended the style and thoroughness of the paper.

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The style (or taste) in comprehending the main points without wasting society's time and the thoroughness in regard for authorities while still distinct opinions based on the writer's close and scientific observation of his own cases. Thought it was on the line of improvement for any society to have more papers based on just these points. He thought it might be of interest to the writer to look up a treatment of Cystitis in the female recently being used by Dr. Clark of John Hopkins. The practice of introducing a thin rubber bag smeared with 20 grain ointment ichthyol in gelatin. The bag is then inflated and the ointment comes in contact with all parts of the mucus lining. It is probable that the distension of the bladder had a good deal to do with the benefit derived from this treatment.

Y. L. ABERNATHY mentioned as a frequent cause in the male, stricture of the urethra. If these are cured the cystitis will generally disappear.

R. R. KIME read:

SOME OBSTETRICAL COMPLICATIONS WITH REPORT OF CASES.

1. Unicervical Septus Uterus with abortion from right side, fetal structure had passed decidual structures retained and infected removed then uterus right side disinfected and drained. The right side was 3½ inches in depth; left (non gravid), 1¾ inche.

II. Uterine hemorrhage eight days after labor due to typhoid fever. Had to be tamponed three weeks changing in one to three days as indicated. The tampon had to be used and changed rapidly to prevent death from bleeding.

III. Placenta Previa Gentralis with infection before delivery, had been bleeding four or five days when first seen. Immediately delivered by carrying hand up into uterus and performing podalic version, pealed off placenta, irrigated uterus and dressed antiseptically. Symptoms of infection returned with renewed vigor with severe pain and elevated temperature which the physician in charge had not been able to control with morphia and phenecetine. Immediately administered salines; irrigated, disinfected and drained uterus. In a few hours patient was comparatively easy. No more opiates or coal tar derivatives given. Drainage kept up six days and discontinued as pulse and temperature were normal.

IV. Tumor and infection complicating labor. Infection treated by irrigation and tubular drainage. Tumor completely absorbed. No evidence of same one year later.

V. Extreme septic intoxication seen ten days after labor, established the utility of tubular drainage beyond doubt as when tube removed constitutional symptoms returned, controlled by reinserting tube three times. Gauze failed to meet indications. Use of gauze tampon in septic infection and curette condemned.

W. G. BOGART endorsed most heartily the position taken by the writer. He said "The first case was one often met with and we fail to appreciate the importance of a thorough drainage and antisepsis. The removal of all foreign matter and a thorough washing out of the uterus with a hot and septic fluid and free drainage will generally result in recovery. Case II is one of rare occurrence, hemorrhage eight days after delivery. I desire to call attention to the manner in which the hemorrhage was controlled, packing with iodoform gauze and keeping it so until hemorrhage ceased. The gauze also acted as a drain for the light fluid. I shall add that I would flush out the cavity with hot antiseptic solution. Case III is one of great danger which demands knowledge, skill and immediate action. I heartily commend the doctor for his action, especially his manner of controlling the fever by antiseptics rather than by antipyretics, followed by free drainage. I agree that tubular drainage is the only method of accomplishing the desired result, and will almost invariably bring down your temperature. I condemn the use of antipyretics especially the coal tar derivitives. Cleanliness, drainage, alcoholic stimulants and quinine I believe to be the rational treatment of these cases."

In closing the discussion Dr. Kime said "In answer would say very hot water was used to check hemorrhage in case II, also very hot solutions of iodine of alum of boric acid, but all failed to check hemorrhage. In ordinary cases hot water or iodine solutions will check bleeding. As suggested saline solutions can be used to advantage in these

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cases some times. I wish to emphasize drainage most and condemn the gauze tampon especially in cases of septic infection. Gauze tampon does not drain, but interferes with nature's method of drainage and elimination. The curette should also be condemned in septic infection after labor as it breaks down nature's barriers, opens up new avenues for absorption and germs, pus, etc., in contact with the absorbing surface.

"Nature, after normal labors, establishes a discharge, the lochia, which is a process of elimination and should be imitated. This can only be done by tubular drainage. The ideal is to carry a strip of gauze up with the tube so as to have both tubal and capillary drainage which will be effectual in any case, even in retroversion by changing the position of the patient. Where the uterus is curetted, disinfected and tamponed and yet the patient dies it might be said that it was a result of the treatment. I wish to emphasize that drainage and elimination are essential and far better than opiates and coal tar derivatives for pain and high temperature."

W. C. BILBRO reported

A CASE OF BRADYCARDIA,

from ptomaine poisoning. The history was one of indigestion. The pulse was 30 standing after walking two blocks and was down to 18 at times. There were times when the pulse was 6, but regular. He laid stress on the apex beat. Improvements under arsenic, strychnia, etc. He divided bradycardia into two classes; physiological as a constitutional peculiarity and in the puerperal state, and pathological as from exhaustion in continued fever and in stomach affections.

J. R. RATHMELL wanted to add to the classes above the neurotic cases.

Physiological is probably a misnomer as diseased conditions have been found post mortem. Symptomatic bradycardia is quite common.

R. R. KIME related a case where the pulse was 36. Listening to the heart sounds the beats were 72, every other beat only being felt at the wrist.

J. R. RATHMELL read a paper on

SCARLATINA,

and laid stress on the complications which are the cause of death and to which treatment should be applied. The contagion resides in the epidermal scales thrown off during desquamation hence the necessity of isolation, especially during desquamation; also the need of a vigorous effort to destroy the almost imperishable germs hidden in the room, by fumigation, by boiling and even by burning, all articles of clothing, bedding, etc. used during the attack and a thorough renovation of walls and woodwork with kalsomine and paint in order to prevent a possible attack in the future.

Y. L. ABERNATHY dwelt on the vitality of the contagion and its latency and related cases illustrating these points.

G. W. DRAKE said that the diagnosis of atypical cases was of more importance to the public than the treatment. On the mountain he had encountered a case where there had been none in the history of the place and the contagion could not be accounted for. There were three other cases none of which could be traced to the first. The origin could not be accounted for.

G. W. MILLS gave an account of an epidemic in which the origin of the first case could not be traced.

DR. RATHMELL, in closing, said that there was such a relation between this disease and diphtheria that when we had one we were very likely to have cases of the other. He did not believe them to be the same.

G. A. BAXTER described

A NEW SPLINT FOR FRACTURES OF THE HUMERUS BELOW THE SURGICAL NECK,

and demonstrated the same. It consists of a blunt wedge made of tin for the axillary space to which is attached a right angle splint for the arm which is adjustable on the humeral portion, allowing extension to be made and fixation before bandaging. The axilla is made the point of counter extension, extension from elbow. It allows examination in case of compound fracture without disturbing extension.

D. S. MIDDLETON related a case treated with plaster paris applied while swollen, when this disappeared there was overlapping. This seemed more satisfactory.

DR. BAXTER in closing said that reports showed as much as 33 per cent were ununited and this splint was in-

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vented to meet the indications as he had found in his own cases. Fixation cannot be from the shoulder, it must be from a fixed point. There will be no complaint from numbness of the fingers or pressure in the axilla. Any tinner can make the splint.

—To be continued.

The following officers were elected for the ensuing year:

President—Willis F. Westmoreland, Atlanta, Ga.

Vice-Presidents—

M. B. Hutchins, Atlanta, Ga.
Seale Harris, Union Springs, Ala.
C. R. Achison, Nashville, Tennessee.

Secretary — Frank Trester Smith, Chattanooga, Tenn.

Treasurer—Geo. R. West, Chattanooga, Tenn.

Chairman Committee of Arrangements—W. D. Haggard, Jr., Nashville, Tenn.

Adjourned to meet in Nashville on the second Tuesday in October, 1897.

Following is a list of exhibitors, with name of representative:

Oakland Chemical Co., New York, P. L. Pierce.

New York Pharmaceutical Co., Bedford Springs, Mass., L. L. Pollock, M.D.

Parke Davis & Co., Detroit, Mich., S. G. Steiner.

Wm. R. Warner & Co., Philadelphia, A. D. Roach.

Voigt Bros., Chattanooga, H. W. Voight.

M. Block & Co., Chattanooga, Harry Wise.

FORMALIN METHOD FOR RAPID DIAGNOSIS OF UTERINE SCRAPING.

In the June number of The American Journal of Obstetrics and Diseases of Women and Children, Dr. J. H. J. Upham, assistant resident gynaecologist at Johns Hopkins Hospital, reports a number of cases that have had the advantage of a rapid diagnosis of uterine scrapings where malignant disease is suspected. Cullin's method was used and is as follows: Specimen removed is at once frozen by carbolic acid or ether and cut; then (1) place the frozen section in 5 per cent aqueous solution formalin for three to five minutes; (2) leave in 50 per cent alcohol three minutes; (3) in absolute alcohol one minute; (4) wash out in water; (5) stain in hematoxylin for two minutes; (6) decolorize in acid alcohol; (7) rinse in water; (8) stain with eosin; (9) transfer to 95 per cent alcohol; (10) pass through absolute alcohol; (11) then through either creosote or oil of cloves and mount in Canada Balsam.

By this method a positive diagnosis can be made within fifteen or twenty minutes while the patient is being prepared for abdominal section and the operation for hysterectomy following or not depending on the result of the microscopic examination. The advantage to the patient of only one anesthetization is obvious.

THE PARMELE GOLD SOLUTION.

The many prominent medical practitioners whose reports on the use of the gold solutions have been published, are apparently agreed on the following:

First—That the best results are obtained by pushing these remedies to the point of toleration, and that this may be done without fear of stomachic disturbance.

Second—That the maximum dose varies widely in individual cases, some patients taking thirty drops three times daily before showing physiological effects, others being unable to reach even the average maximum dose (fifteen drops).

Third—That it is best to administer the solution in at least a wineglass of water, and to begin with a small dose (say six or seven drops) and gradually increase.

Finally—That though the nature of these remedies and the class of cases in which they are indicated exclude the expectation of immediate results, their persistent use seldom fails to justify their administration, and the increase in number of red blood corpuscles to show the tonic effect upon the assimilative apparatus.

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The Medical Fortnightly

THE CINCINNATI MEDICAL JOURNAL has suspended publication.

ONE of the most practical and valuable exchanges, which is always welcomed, is the *Philadelphia Polyclinic*. It is full of useful, timely hints in practice, and its papers are strictly "up to date" contributions to medical science.

"THE MEDICAL FORTNIGHTLY, with editorial offices in St. Louis, Chicago, Cincinnati, Jacksonville, St. Joseph, Kansas City and Pueblo, edited and managed by some of the brainiest physicians in the country, is an invaluable adjunct to a doctor's library.—*Moody's Mag. of Med.*

NOT AFRAID OF BOOMERANGS.—THE FORTNIGHTLY has been criticized by some of its cotemporaries, for printing lists of its new subscribers. The opinion seeming to prevail was, that advertisers would make use of these lists to their own advantage, by circularizing the physicians whose names appeared therein. This plan, it is argued, would deprive the journals of a certain amount of patronage, "and even the FORTNIGHTLY would find its enterprise transformed into a boomerang!" THE FORTNIGHTLY expresses sympathy for those publishers who are not willing to pit their mediums against the circulars of the enterprising advertiser. If the managers of pharmaceutical houses could but examine the waste-basket in the office of the average country doctor, they would not be surprised that "circulars" do not bring returns. Besides, a liberal space in a good medical journal costs *less per year* than circulars (when you add the expense of postage), and commands *much more attention and respect* from the doctor. No; THE FORTNIGHTLY does not fear any untoward results from the publication of its lists of new subscribers; on the contrary, the effect has been most gratifying, and it is proud to present such a representative array of regular readers.

Doctor, do not fail to avail yourself of Kutnow's generous offer, in this issue; it may not appear again, and costs you nothing but a stamp. Be sure to cut out the coupon, found on the *last* page of the *pink* insert.

A Rare Bargain.—For *one month* we will fill orders for subscriptions to the *Journal of the American Medical Association* (weekly, price $5.00) and THE MEDICAL FORTNIGHTLY (biweekly, $2.00) for $5.00 per year, and send you *both* journals the remainder of this year free. What's your name? Address, FORTNIGHTLY PRESS CO.,
911 Union Trust Building, St. Louis.

Please Pay Up.--Our annual "Duns" for subscription dues were sent out last month, and the returns therefrom have been indeed surprising and highly gratifying. We appreciate the many kind expressions accompanying the cash, and assure our friends that the "good cheer" shall not be without its reward. We shall aim to make each number of the FORTNIGHTLY surpass its predecessor. As it is not our intention to force our magazine upon a single subscriber who does not want it, we will drop from our list, on December 31st, all names not having a renewal mark in the proper column. Of course those who happen to be in arrears for a *year or more*, will continue to receive the magazine until all dues are settled.

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The Medical Fortnightly

Issued First and Fifteenth of Every Month by the Fortnightly Press Co.

FRANK PARSONS NORBURY, M. D., - Managing Editor.
HUBERT WORK, M. D., - - - - Associate Editor.
THOMAS A. HOPKINS, M. D., - - - Associate Editor.
CHARLES WOOD FASSETT, - Secretary and Business Manager.

A COSMOPOLITAN BIWEEKLY FOR THE GENERAL PRACTITIONER.

THE MEDICAL FORTNIGHTLY is devoted to the Progress of the Practice and Science of Medicine and Surgery. Its aim is to present topics of interest and importance to the General Practitioner, and to this end, in addition to a well selected corps of Department Editors, it has secured correspondents in the leading Medical centers of Europe and America. News of Societies, and of interesting medical topics cordially invited.

Editorial Offices in St. Louis, Chicago, Cincinnati, Jacksonville, St. Joseph, Kansas City, and Pueblo, where specimen copies may be obtained and subscriptions will be taken.

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TO OUR READERS.—THE FORTNIGHTLY is in receipt of information from the Postoffice Department that second-class matter not having street address will not be delivered hereafter, but will be placed in the general delivery, to await call. We would, therefore, request our subscribers in the larger cities to advise us promptly where they wish their journal delivered, in cases where the wrapper does not contain the street and number.

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Volume X. **DECEMBER FIRST.** **Number 11**

Editorial Department.

The American Stomach.

THIS Nation has not yet settled down to a routine calculated to bring dietetic hygiene into the repute it deserves. We are yet under the rule of the domineering, half educated cook, who is monarch of all she surveys, and dictator of our weal or woe. A householder who for one minute would not tolerate sewer-gas or bad water under his roof, will, without a word, eat food prepared by Biddy or Topsy which is bad—very bad—and *awful*. He will go down to his business, feel miserable, find fault with his clerks, kicks the office cat and scolds the central office telephone girl. Why? Because his food is not assimilated, the microbes and ptomains are having a merry war, and while the dance is on, all the world is upside down, and melancholy reigns supreme.

According to some of our recent writers on disturbances of digestion, all of this could be corrected by turning the garden-hose into the stomach,

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wash it out, and thus let the waters of life flow freely on. The stomach which God gave the American is built on the same pattern and after the same specifications as those found in our European brothers; what then is the matter with it, that we hear so much of its abnormalities, and because it fails to do its duty, that we have to follow the coast survey methods, and send down a bucket to get the dredgings from the bottom, find out what ails it by studying the biological life found there? Then if we fail to get specimens by such a method, a more complete and satisfactory device is to be found in the wall-scraping machine, invented in that wonderful city where more pepsin is made than any other place in the world—Chicago. Alas, the American stomach is not copper-lined, and consequently is exposed to the gigantic and systematic warfare waged against it by the Amazons, whom we apologetically call cooks. Is it a wonder such great and curious specimens of biological life come up in the deep stomach soundings —test breakfasts, etc., when you consider what goes down into it from this wondrous world of ours, in the shape of food? If you have ever been into one of those dinner joints, where the waiter communicates his order in a stentorian voice to the cook, in language only understood by that fraternity —as a sample, when you order "Mutton chops well done; he says, "Hit her hard on the South-down," and if you can wait to see what results, you will find the "*stuff*" *so hard*, that you say it is grease. turn it over; "yes, living grease, some more." And yet, all about you, eating with apparent relish, are numbers of individuals, preparing to make culture tubes of their stomachs and intestines. One such excursion into Bowery-land will suffice the scientific physician, but how about the culinary art to be found in the average American family employing the average American cook? It is no better, probably a more endurable presentation of the eatables, but for the physiological chemistry of preparation it is every bit as unscientific and unwholesome.

The American people are, like charity, "long-suffering and kind," and for this reason we find them willing subjects to the cooks, good, bad and indifferent. We are supposed to be a free people, but, oh, how we do bow with mute reverence to the cooks, and are willing slaves to these abject monarchs. Our health suffers, but we live within the good graces of the cooks. There is another side to this question, namely, the economic, which is worthy of our consideration.

There is enough food in value wasted and spoiled by the average American cooks, sufficient to pay the interest on the government debt. There is sickness resulting from bad cooking, for which the victims pay the physicians for treating, or pay in drug bills, for the manifold preparations of pepsin, sufficient to pay the debt of the Prince of Wales and furnish him a life annuity far beyond his worldly needs. So from an economic standpoint, the American cook is worth studying.

In conclusion, then, the American stomach, proverbially disturbed and always being tampered with, is worthy of our most profound *consideration*. It is the gate-way of much of American happiness, and from it, when disturbed, leads the way that leadeth to perdition. Hence, keep the stomach as it should be. But one more word, don't fool with it. Do not let your

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patients become aware of the fact that they have a stomach unless it is absolutely necessary. For if they do, then will be inaugurated that great chain of diseases now so long, that the stomach specialist with his garden-hose, lawn-sprinkler, and egg-beater is the latest claimant for public favor. It is now the thing to have the walls cleaned as you have the wall paper; have the cubical contents calculated, as you do with your cistern, and supply it with pepsin, etc., *ad libitum*. The American stomach, evidenty, llike American liberty, is here to stay. F. P. N.

Brevity of the Umbilical Cord.

IN AN interesting paper read before the Marion County Medical Society, September 29th, 1896, and published in the *Indiana Medical Journal*, Dr. Guido Bell, of Indianapolis, tries to prove that the limits of normal length of the umbilical cord must be confined to ten and fifteen inches. Many cases of delayed and hastened labor are explained by the influence an insufficient cord has. In our obstetrical practice we meet sometimes with cases of confinement where labor pains made fair progress during the first, and partly during the second stage, only to become at once irregular, and finally inert. In other cases the obstetrician may be disappointed by a rapid delivery; for instance, an internal examination did not in the least reveal any readiness for birth, but soon a few spasmodic contractions expelled the fœtus.

The writer refers to Kaltenbach, who states from exact measurement, that if the placental insertion of the cord is at the fundus, fourteen inches is too short, while in deeper insertion seven inches is sufficient. But as we are only in exceptional cases enabled to ascertain the seat of the placenta we must rely on clinical symptoms. The importance of knowing delayed or hastened labor in advance is long recognized, and the elasticly retreating head was claimed as a sign of an insufficient cord, which weakens contraction by constantly pulling. But when in such a case the obstetrician found a cord of ten, twelve or fourteen inches he was disappointed, and he denounced a most valuable symptom as deceiving.

Concluding, he says: "If the obstetrician can exclude any abnormality of the pelvis or of the position of the child, then he must find the causes of irregular pains within the womb, and if he detects a localized pain during contraction, or secondary 'pains or an elasticly' retreating head, then he must assume a relative shortness of the cord. To discriminate elastic retraction from rebounding in primiparæ is a matter of experience."

PROF. ARTHUR E. MINK, of the St. Louis College of Physicians and Surgeons, is becoming quite popular as a lecturer upon scientific subjects. His address on Evolution, recently delivered before the Æsculapian Society of that college, was a masterly effort and attracted considerable attention.

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Medical Progress on the Pacific Coast.

WE congratulate the medical profession of the Pacific Coast on its manifold evidences of enterprise and progress. The "Lane Medical Lectures" inaugurated in September by Dr. L. C. Lane, President of the Cooper Medical College, San Francisco, is an event in which the profession of the United States is interested. These lectures are to be delivered annually, and the person selected each year is to be a man of prominent distinction within the sphere of medical art and science, who may be chosen from any part of the world. The lectures, ten in each course, are to be delivered in the English tongue, and remain the property of the author. The first course was delivered by Dr. William Macewen, of Glasgow, Scotland, the noted surgeon teacher, investigator and author. The *Occidental Medical Times* has this to say regarding Dr. Macewen and his course of lectures:

"The selection of Prof. Macewen was a particularly happy one. As a surgeon and operator, and as an original investigator and thinker, he stands in the first rank of the medical profession in Great Britain. His work in connection with operative surgery has long been original, as is shown by the number of procedures that he has devised, several of which bear his name. It is, however, in connection with cerebral surgery that he is most widely known. In this field, both as an investigator and as an operator, he occupies a leading position, and the good judgment of the founder of the course was well shown in 'broadly hinting' that the most fitting subject would be 'Surgery of the Brain.' As lecturer and operator, and as a representative of the best type in our profession—an unassuming gentleman, Prof. Macewen has made many friends on the shores of the Pacific. As a speaker, his delivery is easy, his language clear and concise, and his evident mastery of the subject in hand enables him to readily hold the attention of his audience. When speaking on other topics, as in his lecture on 'Antisepsis,' and in his demonstration of methods adapted for 'The Radical Cure of Hernia,' the same easy method of delivery was just as apparent. If such results may be expected in future years the Lane Course of Medical Lectures will have a marked educational effect not only upon the students of the college, but upon the profession at large. Their influence cannot but tend to broaden medical thought and medical practice. As Prof. Macewen himself said: 'The idea is an excellent one—not, you understand, because I am here; I believe such a course will have great effect in broadening medical thought, and it would be a good thing if such a plan could be carried out on the other side of the water.' Less than a year hence, or some time in September, 1897, the second annual course will be delivered by Mr. Christopher Heath, of London, who as a representative of English surgery needs no introduction."

As to other evidences of progress, we notice the establishment of a new high grade medical college in San Francisco—"The College of Physicians and Surgeons," with such men as Anderson, Potter, Mouser, Osborne and other well known physicians of high standing as members of the faculty. In Los Angeles, too, the medical men are alive to progressive medicine, their polyclinic and medical college being now well established. In Portland,

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Oregon, facilities for thorough medical teaching compare very favorably with the East, and with such progressive journals as *Coe's Medical Sentinel*, the *Pacific Medical Journal*, the *Occidental Medical Times*, the *Los Angeles Polyclinic* and the *Southern California Practitioner*, we think the profession of the Pacific Coast has superior facilities for keeping in touch with progress.

F. P. N.

SOCIETY MEETING.—The fifth annual meeting of the Western Surgical and Gynecological Association will be held at Topeka, Kas., Monday and Tuesday, December 28th and 29th, 1896. We desire to extend to all regular physicians and surgeons a cordial invitation to be present and take a part in the proceedings. Topeka is a delightful city, noted for its hospitality, and the local profession have arranged for our entertainment. A strong program is assured. Opening session at 1 P. M., December 28th.

T. J. BEATTIE, President. H. E. PEARSE, Secretary.

CHANGE OF NAME.—The editors of *Mathews' Medical Quarterly* announce that with the January issue of that publication its name will be changed to "*Mathews' Quarterly Journal of Rectal and Gastro-Intestinal Diseases.*" This is a change which has been deemed necessary for some time, as they regarded it as essential that the title of a medical journal should convey to the reader an idea of its contents, and this has not been the case with its name from the beginning. There will be no change in the policy of the journal in the least. As it will continue to be the only English publication devoted to diseases and surgery of the rectum and gastro-intestinal tract, the articles which will appear in it will be limited to these subjects. The journal will continue to be edited by Drs. J. M. Mathews and Henry E. Tuley, and published in Louisville, Ky.

THE TIME FOR READING.—No professional man can afford to neglect his reading, no man ever learned enough while studying in college to last him his professional life; no man can do justice to the profession of medicine who is too busy to read, who can find no time for the current literature of the day. Text-books from which we gained inspiration during student life are used in later years of work as books of reference. Few of us sit down to read a new treatise on materia medica in its entirety; it is, therefore, from our medical journals that we gain the knowledge of new discoveries and new ideas, which enable us to keep abreast of the times, and the man who says he has no time to read his journal, the one who boasts that he is so busy that he keeps his medical papers in his dressing-room, and scans them during his time for dressing, as well as the man who takes none at all, are convicted out of their own mouth of inefficiency and ignorance. There is an old whist adage that it is unnecessary for a player who disregards all the rules of the game to announce that he never read a book on whist in his life, his play shows that; so with the physician who has no time to read, his practice will soon make that fact evident. If there are two things most important to us, they are attendance upon the meetings of the medical society, and acquaintance with all that is going on in the medical world by a careful and systematic course of reading.—*Atlantic Medical Weekly.*

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NEW POST-GRADUATE SCHOOL.—Chicago has good post-graduate medical schools, and the latest to claim professional favor is the West Chicago Post-Graduate School and Polyclinic. The faculty embraces many well-known medical men of Chicago, some of whom have contributed valuable papers to the MEDICAL FORTNIGHTLY. We take pleasure in announcing the following list of professors and instructors comprising its faculty: Professors.—D. A. K. Steele, M. D , J. B. Murphy, M. D., T. A. Davis, M. D., Chas. Davison, M. D., E. H. Lee, M. D., S. G. West, M. D., H. T. Byford, M. D., H. P. Newman, M. D., Alex. Weiner, M. D., Boerne Bettmann, M. D., J. M. Auld, M. D., H. C. Welcker, M. D., W. B. Noble, M. D., J. N. Bartholomew, M. D., Francis R. Sherwood, M. D., W. Cuthbertson, M. D., E. L. Moorhead, M. D., Fred Byron Robinson, M. D., Lucy Waite, M. D., Geo. F. Hawley, M. D., J. A. Wesner, M. D., M. Corbett, M. D., Jos. Hawley, M. D., W. T. Eckley, M. D., W. A. Evans, M. D. Instructors.—Grant Mitchell, M. D., F. J. Ehrmann, M. D., W. M. Burroughs, M. D., C. W. Barrett, M. D., F. W. Henkel, M. D., W. D. Nance, M. D., A. S. Behrendt, M. D., Geo. Silverburg, M. D., S. J. Boyce, M. D., B. Pirosh, M. D., W. E. Miller, M. D., U. G. Darling, M. D., F. C. Zapffe, M. D., Adolph Bonner, M. D., W. A. Kuflewski, M. D.

THE BLOOD IN CHOREA.—In a recent paper upon this subject, Dr. Charles W. Burr, of Philadelphia, says (*Medical and Surgical Reporter*): "The blood of thirty-six cases of Sydenham's chorea, treated in the clinics of Drs. Weir Mitchell, Sinkler and Lewis, at the Infirmary for Nervous Diseases, was examined by Dr. James Ely Talley. In each case the hemoglobin was estimated and the red corpuscles counted. No count was made of the white corpuscles. The hemoglobin and the corpuscles were at the theoretic normal in only two cases. In none was the anemia extreme. In the most severe case, the hemoglobin-estimation was forty-five per cent, and the number of red corpuscles 3,450,000. The chorea was slight and the patient had serious heart-disease, to which the anemia was referred. In another case, complicated by epilepsy, the hemoglobin-estimation was sixty per cent, and the number of red corpuscles 3,600,000. In one very bad, uncomplicated case, the hemoglobin-estimation was sixty-five per cent and the number of red corpuscles 4,800,000, and in another the hemoglobin-estimation was sixty per cent and the number of red corpuscles 3,850,000. These were the most anemic cases. In twenty-four, the hemoglobin-estimation reached eighty per cent or over, and the number of corpuscles 4,000,000 or more. In twenty-nine, the hemoglobin-estimation reached seventy-five per cent or over.

"The conclusion was reached that the blood is rarely normal during an attack of chorea. There is usually a diminution in the hemoglobin and a number of red corpuscles. The anemia is, therefore, chlorotic in type. There is no relation between the severity of the chorea and the severity of the anemia. When the anemia is severe, there is usually some complication competent to explain it. The belief was expressed that anemia is not an immediate, direct, exciting cause of chorea, and but infrequently a predisposing cause. In the great mass of choreas, the anemia is the result of the chorea—is secondary. In the rare cases of chorea, which seem to be caused by mycotic infection, the anemia may be toxic.

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Original Department.

PAPERS for the Original department should be in hand one month in advance, and contributed to THE MEDICAL FORTNIGHTLY exclusively. A liberal number of extra copies will be furnished authors, and reprints may be obtained at reasonable rates, if request accompanies the manuscript. Engravings from photographs furnished free.

☞Signature of contributor, for reproduction, should be sent with every article, on a separate slip; use heavy ink, and allow autograph to dry without applying blotter.

Contributions, books and exchanges should be sent to the Managing Editor, Union Trust Building, St. Louis

Thoughts on Puerperal Eclampsia.

BY J. B. CARRELL, M. D.,

HATBORO, PA.

IN the FORTNIGHTLY of February 1st, 1896, I found a most valuable article on "Puerperal Eclampsia and Its Treatment," by Dr. J. T. McShane.

I read it, and have now carefully re-read it, and I most heartily endorse Dr. McShane's ideas, and hope all readers of this will re-read the doctor's article, and store it away for future use; for when you need it you will badly need it.

I know that the late Prof. Wallace of the Jefferson Medical College, laid particular stress upon the great value of free blood-letting in puerperal convulsion. When I was a student at the college he was the professor of obstetrics. His convictions were strong, and he strongly impressed them upon his listeners. After I graduated and began practice, it was a great fortune for me to have for a friend and neighbor the late Dr. Hiram Corson of Conshohockin. This country had no more ardent advocate for free blood-letting in puerperal convulsion, pneumonia, pleurisy, and all active inflammatory diseases than Dr. Corson, and the change of sentiment in favor of this valuable means of cutting short the above disease, is largely due to the boldness of his utterances, and the fearless and convincing manner in which he assailed the opinions of those opposed to him. He was independent and honest in everything, and "pinned his faith to his own coat sleeve." My preceptor, Dr. I. N. Evans, who was afterward my partner, was a firm believer in free blood-letting in the disease under consideration, and his success in this disease was all that could be desired; they all got well. The opinions of these able practitioners produced a profound impression upon me early in my medical life, and now after twenty years practice, with this treatment always successful, I can not be other than a strong advocate for free bleeding in puerperal convulsions. In severe attacks it is in my opinion indispensable, and the doctor who does not employ it neglects the best means of cure to me known.

Bleed for effect, not for ounces, Let the blood flow freely until you blanch the dark and swollen face; until you make soft and compressible the hard, full and quick pulse, and change the stertorous and apoplectic breathing to natural and easy breathing. Having done this you will have saved your patient; then and not till then, should you stop the flow of blood.

In an article read by Dr. Charles P. Noble of Philadelphia, before the American Medical Association this year, at Atlanta, I find a description of puerperal convulsion, treated by Dr. R. It says: Forty-five minutes after delivery Mrs. B. was attacked with convulsions which were very severe, and persisted in spite of active treatment, especially with veratrum-viride. The patient improved so far as the convulsions were concerned, but was much dazed mentally, and soon developed decided mania. When I read the

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description of the treatment of this case I could not help wondering in what the active treatment consisted, but naturally inferred that the chief reliance was in one of our most active poisons, veratrum-viride. I wish Dr. R. had said he had employed free venesection, and that the convulsions were thereby promptly checked. Veratrum-viride may do for some, but I would not trust it. Its action is too slow for this disease, I would sooner trust to free bleeding, and follow this with inhalations of chloroform given to such an extent as to render the patient oblivious to all external impressions, and continue the effects of the chloroform until the full doses of chloral and bromide of potash, which should be given as soon as the patient can swallow, have had the effect of fully controlling your patient. Many excellent practitioners place great reliance upon morphia given hypodermically, and I am sure I have seen great good result from its use after venesection. In patients of a nervous temperament it is good practice to blunt their sensibilities with morphia given hypodermically, and to still further relieve them by allowing light inhalations of chloroform during the pains that shortly precede the birth of the child; especially if you have good reasons to expect convulsions. All cases of puerperal eclampsia require close watching, and the medical attendant should give them his very best attention. Do not be in a hurry to leave these cases, for fear of a recurrence of the attacks, and if they do occur you will certainly be badly needed. After the alarming symptoms have passed away, relieve the system of the poison, *whatever it is,* as rapidly as possible. Produce free diaphorisis by the use of fluid extract of jaborandi given by the mouth, or pilocarpine hypodermically. The bowels should be freely acted upon with saline cathartics. Free action of the bowels and skin will relieve the overworked kidneys, and afford them an opportunity to recover their normal condition. Adhere closely to an albuminous diet until the urine is in a healthy condition. I have found the following combination of great value:

℞ Liq. potass. arsenit ..... ℥ss
Tinct. nux vomicæ ..... ℥iss
Fluid hydrastis—Merrell's ..... ℥ii
Syr. aurant. cort ..... ℥iss
Aquæ ..... ℥ii

M. S.: A teaspoonful in water one-half hour before meals. A tablespoonful of Basham's mixture in half a glass of water three times daily will be found of benefit.

The urine should be tested every few days, and when it is again normal the patient can gradually resume her ordinary diet. For several months frequent examination of the urine should be made, and if albumen again appears resume the treatment then indicated.

When I took up my pen I intended only to endorse Dr. McShane's excellent article, but thought upon thought carried it along until it has gone much further than was my purpose. Those who are familiar with this alarming disease know how important it is to treat it well, and if from my experience I can lead others to have great faith in *free* venesection for the relief of puerperal eclampsia and cause the readers to read Dr. McShane's article, I am satisfied lives will be saved thereby, and gratitude will be given the medical attendant for his *noble* work.

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The Medical Fortnightly

How to Teach Medicine and Surgery

A Symposium.

PART V*

How to Teach Practical Electro-Therapeutics.

BY S. H. MONELL, M. D.,

BROOKLYN, N. Y.

Chief Instructor Brooklyn Post-Graduate School of Electro-Therapeutics.

[*Written expressly for The Medical Fortnightly.*]

PROBABLY about ten thousand physicians in the United States are now employing electricity as a therapeutical agent. It would, in some of its forms, and in a greater or less degree, be employed by every practitioner if there did not exist a lack of familiarity with the principles of using it.

The essential familiarity with the laws of electro-physics, electro-physiology and electro-therapeutical applications can best, if not only, be acquired in clinical practice under the instruction of experience.

No full elaboration of details can be presented in this brief article, but the general method may be made plain. The better physician a man is—the more skilled in his other branches of materia medica and therapeutics—the more readily will he apply his general knowledge to the administration of medical electricity.

A preparatory course of text-book study will acquaint him with "Theory." The practical management of apparatus and patients come next. For this purpose the clinic is indispensable. First. I advise teaching the student the nature of the "tools" he is to use. A good workman abhors a poor tool. The physician must learn to detect and avoid a poor apparatus, and select those possessing high efficiency. Second in order, is the operation of the different types of apparatus-manipulation, adjustment, etc. Taking, for instance, the switch-board of a coil apparatus, like design here shown.

It requires but a few moments practical demonstration to illustrate the various ways to use it. By a single movement of a switch-arm the rapid or slow interrupter is employed at will. Equally simple is the selection of the calibrated rheostats, which in this instrument not only control the current strength, but provide an accurate dose record. The entire coil is placed within the case, and requires no attention. It is an extremely simple apparatus to operate, but excels others in efficiency and high quality. Having learned how to select any desired coil or combination (twenty-one are

*PART I —"How Gynecology Should be Taught," by Henry T. yford, M. D., Chicago. June 1, 1896.
PART II —"Obstetric Teaching," by Charles Jewett, A. M., M. D., Brooklyn, N. Y. July 15, 1896.
PART III—"How to Teach Surgery," by Waldo Briggs, M. D., Saint Louis. August 1, 1896.
PART IV—"How to Teach Medicine," by N. S. Davis, Jr., Chicago, Ill. August 15, 1896.

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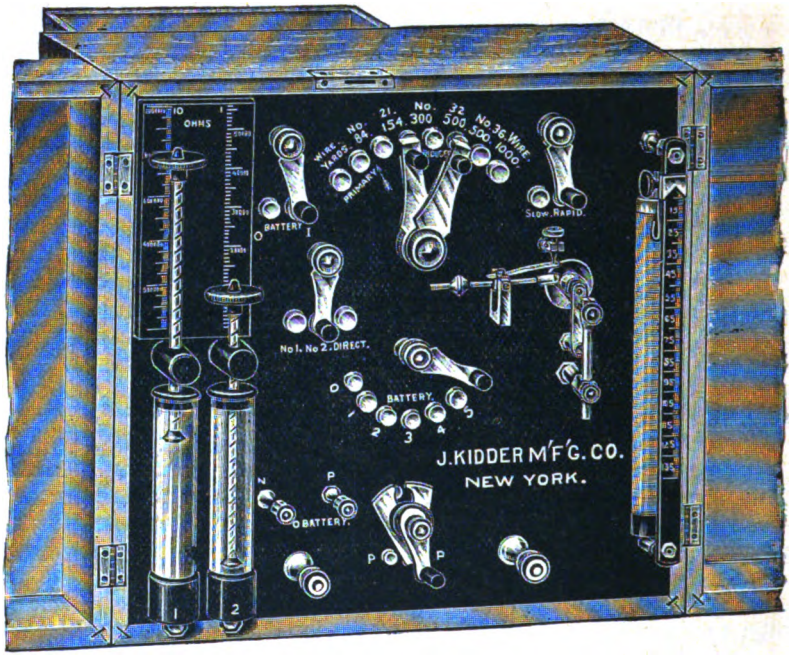
possible), it is next in order to instruct the student how to apply the current therapeutically. It is, to my mind, an error to attempt to catalogue diseases and applications. No man can remember them, and no one can succeed by any such process.

A correct understanding of fundamental principles is the only possible guide to the electro-therapeutist. I do not teach my classes that in a case of sciatica or ovaritis a certain "pole" is to be applied in a routine and perfunctory way. It is within the skill of the physician possessing the resources of this apparatus to so apply them in various ways, that he can produce either sedative or stimulating effects; produce intermittent muscular contractions or physiological tetanus, allay pain, combat congestion and inflammation, reduce hyperplasia, relieve a contusion, increase wasted or



MONELL HIGH TENSION INDUCTION APPARATUS.

Manufactured by The Jerome Kidder Mfg. Co., 820 Broadway, New York City, N. Y.

non-developed muscular structure, tranquilize the nervous and circulatory systems, increase peristalisis, promote nutrition and hasten absorption.

The practical physician who is taught how to produce and modify these and other actions of induction coil currents will know how to apply his knowledge to each patient. A rational "guide-board" to treatment is fixed in his mind and directs his judgment. In the same way the manipulation of a galvanic apparatus, equipped with the essentials, meter, rheotome, pole changer, current controller and cell selector switch, must be demonstrated under the conditions of clinical use. The application of electrodes and the

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discrimination in dose to develop nutritive, electrolytic, cataphoric, caustic and cautery effects must supercede all other instruction.

When this much is understood experience will rapidly add the rest. So also in the use of static currents, and any or all of the numerous modifications now at the command of the practitioner, intelligent use of electricity depends upon scientific methods, founded broadly upon established laws.

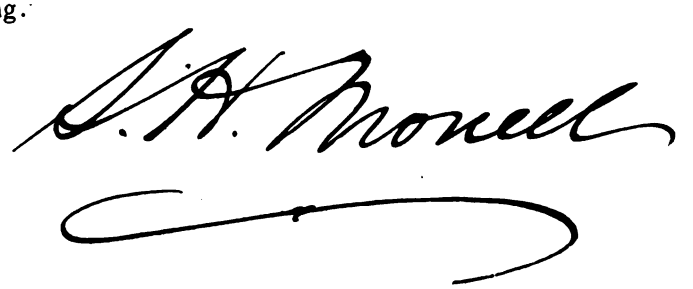
Increased opportunity for practical instruction in this branch of medicine has become a necessity to the profession. The form which useful instruction should take is that carried out in the Brooklyn Post-Graduate School of Clinical Electro-Therapeutics under my direction, and which is succinctly stated as follows in the prospectus:

This clinic is intended to practically supplement the study of theory and electro-physics, by instructing the physician how to treat patients with electricity—how to prescribe, dose, and apply all forms of medical currents, and select and properly care for apparatus. The clinic is thoroughly equipped with high efficiency apparatus, which of itself will constitute an object lesson to those who have regarded the pocket and family battery as serious exponents of true electro-therapeutics.

The plan of instruction recognizes the value of time to post-graduate and visiting students, and aims to impart the useful essentials of technique as quickly as possible. We outline for each student a reading course in suitable text-books to cover the information usually contained in didactic lectures, and devote the important time thus saved to our classes to instruction in operative technique, which can only be mastered by experience. Every application will be explained by proper clinical talks, but the time of students is spent in practical work, instead of other ways.

The underlying principles of this branch of medicine and surgery, so far as they are at present understood, the technique of scientific apparatus, and indications for the different currents, intensities, and operative methods are demonstrated in a way to prepare the physician to thereafter employ electricity in his own practice.

Members of the classes act as assistants in the clinic, examine and treat patients, and become familiar with the various mechanical appliances. The function of this clinic as an educator to the profession will resemble closely the object and function of the major surgical clinic. It will serve to acquaint the physician with the sphere of medical electricity, and enable him to consult intelligently with others who are expert in its therapeutics. It will lay the foundation for whatever future study of the subject may seem desirable, and the practical experience obtained will enable him to treat in his own office the class of cases benefited by electricity and not amenable to ordinary prescribing.



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The Reviewer's Table.

Books, pamphlets, instruments, etc., for this department, should be sent to the Managing Editor, Saint Louis.

A TREATISE ON APPENDICITIS. By JOHN B. DEAVER, M. D., Surgeon to the German Hospital, Philadelphia; containing 32 full page plates and other illustrations. Philadelphia: P. Blakiston, Son & Co., 1012 Walnut St. 1896. $3.50.

THIS handsome volume will be found a valuble addition to the physician's library. While a small book (168 pages), it contains a full exposition of the history, anatomy, etiology, pathology, symptoms, diagnosis, differential diagnosis, prognosis, treatment, etc., of this serious disorder. Dr. Deaver discusses appendicitis from the standpoint of an authority, his observations being based on an experience of no less than 500 cases. He devotes some 30 pages to differential diagnosis, and a similar number to treatment. He is emphatic in his opinion that "appendicitis is a surgical affection and should be so treated." He goes into the technique of the various operations, and his exceptionally clear descriptions, together with the excellent illustrations, make the book one of greatest value. The reader will find that he leaves no points indefinite. The publishers of the work deserve great credit; they have gotten out a beautiful work, and one of solid worth.

H.

AN AMERICAN TEXT-BOOK OF PHYSIOLOGY. Henry P. Bowditch, M. D., John G. Curtis, M. D., Henry H. Donaldson, Ph. D., W. H. Howell, Ph. D., M. D., Frederick S. Lee, Ph. D., Warren P. Lombard, M. D., Graham Lusk, Ph. D., W. T. Porter, M. D., Edward T. Reichert, M. D., and Henry Sewall, Ph. D., M. D. Edited by Wm. H. Howell, Ph. D., M. D., Professor of Physiology in the Johns Hopkins University, Baltimore, Md. Fully illustrated. Philadelphia: W. B. Saunders, 925 Walnut street, 1896. Cloth $6.00; sheep, $7.00. Sold only by subscription.

THIS most complete and comprehensive treatise is a credit to American scholarship and enterprise. It is broad in its scope, exhaustive in detail and thorough in description. Written by men recognized as specialists in this most interesting field of science, we endorse this work as the best which has yet appeared in the English language. As the study of medicine now requires more time than it did, and as laboratory investigation is the order of the day, a student can with the aid of this masterly text-book become thoroughly grounded in physiology, the one essential branch to an understanding of human economy.

Saunders is deserving of great praise for undertaking the publication of this series of American text-books, all of which are artistically made, being handsome specimens of the book-maker's art.

FEEDING IN EARLY INFANCY. By ARTHUR V. MEIGS, M. D. Philadelphia: W. B. Saunders, 1896. Price, 25 cents net.

THIS is a reprint read at the meeting of the Philadelphia County Medical Society, April 8, 1896, and is an elaboration of the Meigs formula for infant feeding, which for over fourteen years, has been the guide of so many practitioners throughout the country. This reprint is valuable, especially to general practitioners, who should read and re-read it.

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STUDENTS of practical medicine are giving more attention to the study of drugs than formerly, but still there is room for improvement. The physician should be familiar with the properties of drugs in order to use them correctly. This book, representing the result of the author's twenty years' experience as a druggist and teacher, gives in a thorough manner the materia medica and pharmacology not only of the United States Pharmacopoeia, but of drugs which have ceased to be official. It is a most excellent manual, and one which we would recommend to both students of medicine and pharmacy. It has a complete index and a series of useful tables.

A MANUAL OF MATERIA MEDICA AND PHARMACOLOGY. Comprising all Organic and Inorganic Drugs, which are and have been official in the United States Pharmacopoeia, together with Important Allied Species and Useful Synthetics. For Students of Medicine, Druggists, Pharmacists and Physicians. By DAVID M. R. CULBRETH, M. D., Professor of Botany, Materia Medica and Pharmacognosy in the Maryland College of Pharmacy, Baltimore. In one octavo volume of 812 pages, with 445 illustrations. Cloth, $4.75. Lea Brothers & Co., Publishers, Philadelphia and New York, 1896.

THE study of therapeutics has been the chief aim of physicians since medicine became a science. Empirical for years, were the methods followed but when rational medicine became to be evolved, then physicians studied therapeutics in a scientific manner. Slowly, indeed, has been the development of our present science and art of practical medicine, but now with the advances made in pathology and bacteriology, we see order coming out of chaos of empiricism. The present is the day of pathological teachings, and our therapeutics follow these lines. This text-book throughout follows clinical methods, founded on pathological teachings. As a result, it is essentially practical, and covers the subject of applied therapeutics thoroughly.

AN AMERICAN TEXT-BOOK OF APPLIED THERAPEUTICS. For the use of Practitioners and Students. Edited by J. C. WILSON, M. D., Professor of the Practice of Medicine and of Clinical Medicine in the Jefferson Medical College, etc Assisted by A. A. ESHNER, M. D., Professor of Clinical Medicine in the Philadelphia Polyclinic, etc. In one handsome octavo volume of 1,326 pages. Price, cloth, $7.00. For sale by subscription only. Philadelphia: W. B. Saunders, 1896.

The editor has called to his assistance able teachers and authorities in special branches of clinical medicine. The article on malaria is written by Prof. Leverau, and leprosy by Dr. Rakes; aside from these two foreign authorities, the writers are Americans. We especially enjoy the masterly way in which the editor has presented the subject of typhoid fever, which just now seems to be prominently before the medical public. As Wilson has been a strong advocate of the Brand method of treatment, and has had perhaps, the best opportunity to thoroughly investigate this method, we feel that he speaks with authority. This chapter alone is worth many times the price of the book. Then the chapter on nervous and mental diseases by Dr. J. T. Eskridge is a valuable one, written by one of the best authorities in the United States. Dr. Chapin has presented, too, a valuable contribution on mental disease, which refutes the too often made assertion, that American physicians in insane hospital practice, have not contributed anything worthy of record in text-books of this country.

Taken as a whole, this book is a valuable addition to American medical literature, one which every physician should have handy as a reference book, and one which students will find as a safe and reliable guide.

F. P. N.

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THE MEDICAL NEWS Visiting List for 1897 has been thoroughly revised and brought up to date in every respect. The text portion (32 pages) contains the most useful data for the physician and surgeon, including an alphabetical table of diseases, with the most approved remedies, and a table of doses. It also contains sections on examination of urine, artificial respiration, incompatibles, poisons and antidotes, diagnostic table of eruptive fevers, and the ligation of arteries. The classified blanks (160 pages) are arranged to hold records of all kinds of professional work, with memoranda and accounts. The selection of material in the text portion and the arrangement ot the record blanks are the result of twelve years of experience and special study. Equal care has been bestowed upon the mechanical execution of the book, and in quality of paper and in strength and beauty of binding nothing seems to be left wanting. When desired, a ready reference thumb-letter index is furnished, which is peculiar to this visiting list, and which will save many-fold its small cost (25 cents) in the economy of time effected during a year. In its several styles The Medical News Visiting List adapts itself to any system of keeping professional accounts. In short, every need of the physician seems to have been anticipated in this invaluable pocket companion.

THE MEDICAL NEWS VISITING LIST FOR 1897. Weekly (dated, for 30 patients); Monthly (undated, for 120 patients per month); Perpetual (undated, for 30 patients weekly per year); and Perpetual (undated, for 60 patients weekly per year). The three styles contain 33 pages of data and 160 pages of blanks. The 60-patient Perpetual consists of 256 pages of blanks. Each style in one wallet-shaped book, with pocket, pencil and rubber. Seal Grain Leather, $1.25. Philadelphia and New York: Lea Brothers & Co.

DIABETES.—In a recent paper, entitled "Diabetes, its Pathology and Treatment," by Dr. F. P. Norbury (*Medical Herald*), the author concludes as follows: "Water is an agent especially destined to do much good. Personally I like the lithia waters, and have used White Rock ozonate lithia very freely. It has no equal in its lithia effects. I direct my patient to use a bottle a day. Lithia is indicated where the urea is excessive, and where cystitis or urethritis occurs."

TIGHT BANDS.—It matters not whether it be the collar, the waist-band, or the garter, all constricting bands are injurious; anything that compresses the blood-vessels and interferes with the free circulation of the blood should not be tolerated. Headache, chronic digestion of the brain, even apoplexy, will be favored and rendered more possible by the use of tight collars; while varicose veins are commonly caused by tight garters. Anything constricting the waist, is evidently and obviously injurious to the vital organs within, all of which require plenty of room that they may functionate properly. We think it barbarous for Chinese women to constrict their feet; Li Hung Chang thinks it more barbarous for Americans to constrict their necks, waists, and legs; the old man is right; there are no vital organs in the feet.—*Annals of Hygiene.*

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Society Proceedings.

[STENOGRAPHICALLY REPORTED FOR THE MEDICAL FORTNIGHTLY]

BRAINARD, ILL., DISTRICT MEDICAL SOCIETY.

The society met in Mason City, Ills., for its fall meeting October 22d. Following roll-call and reading of minutes, the application of membership of Dr. B. W. Hole, of Tallula, was presented and referred, and later favorably considered.

Routine business having been transacted, Dr. F. M. COPPELL read a paper on

CHRONIC CONSTIPATION.

In brief, he said: This very common disorder is too often treated only for temporary relief. Its causes are general or local. General causes are (a) sedentary life; (b) excessive eating of concentrated food, affording little residue; (c) neglect to heed nature's calls, leading to distention and atony; (d) insufficient bile-flow, due to obstruction of bile-ducts, or to imperfect secretion; (e) deficient innervation of pneumogastric nerve.

Local causes: (a) Atony of wall of lower bowel; (b) deficient secretion of interstitial fluids; (c) pendulous abdomen; (d) narrowing of bowel caliber by foreign body, tumor or stricture.

The symptoms are (1) those due to absorption of poisonous material, and (2) those due to pressure. Insufficient evacuation is always present. Headache, coated tongue, anorexia, lassitude, indigestion and abdominal distress arise from the former cause. Pressure symptoms vary with the place of accumulation. The functions of any adjacent organ may be impaired. Hemorrhoids are frequent. Diarrhea may occur. Diagnosis generally easy, but may be difficult. Treatment may include the acquirement of regular habit, dietetic, mechanical and medicinal measures. The first is most essential, and by persistent, though gentle effort, the habit of regular evacuation may always be acquired, unless organic changes exist in the bowel. The dietetic remedies are familiar. Slow and thorough mastication must be insisted on. Graham flour mush is a valuable laxative, and may be used at breakfast with advantage. Mechanical measures, especially massage five or ten minutes, twice daily, should be used. A pendulous abdomen should be properly supported by bandage. If possible, search out and remove the cause. Local surgical diseases and reflex troubles aside, the measures mentioned will control most cases. A brisk cathartic may be needed in beginning treatment. Then moderate doses of drugs that will increase peristalsis and secretion. Cascara sagrada meets these indications; Sod. Phos. is serviceable where bile secretion is not free. If the colon is the seat of the difficulty some preparation of aloes is indicated. Nux vomica, with belladonna physostig. and aloes is a good combination.

DISCUSSION.

DR. BIRD approves the treatment given. Has found chionia, a valuable adjunct to Sod. Phos. where bile is deficient.

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DR. BURNHAM.—Cascara, while repeatedly tried, has repeatedly failed in cases of any obstinacy. Sod. sulpho-carbolate has proved even better than Sod. Phos., and combined with flushing the colon has relieved many cases.

DR. TYLER has found cascara useful in functional cases. Chionia has failed to prove its value where tried.

DR. MILLER heartily approved the measures suggested. The cause of pendulous abdomen in women is frequently the wearing of corset and heavy skirts, and before applying the abdominal supporter, an excellent measure, the external pressure from above should be removed by adjustment of the clothing. This pressure is often many pounds, from fifteen to fifty, and it is almost useless to attempt to restore the muscular power of the bowels and abdominal wall till this is reduced. Constipation often causes remote reflexes, such as sneezing or cough, and greatly aggravates the head symptoms in hay fever.

DR. COPPELL in closing, emphasized the necessity for acquiring and keeping a regular habit of bowel evacuation.

In the absence of the author, the paper on EXOPHTHALMIC GOITRE, by Dr. J. W. Newcomer, was read by the Secretary. (See next issue.)

DISCUSSION.

DR. COPPELL had never met with a typical case, but is now treating a case which is possibly one of unilateral Basedow's disease, at least there is unilateral goitre with great nervousness; pulse 100–110, but no exophthalmos as yet. Under the local use of iodine, with the galvanic current to cause catephoresis, and Potass. Iod. internally. The patient is improving. The nerve disturbances in the case may be due to alimentary difficulties.

DR. TYLER had seen two cases under the care of other physicians. One, well known to him, recovered and remained well for more than a year now after several years of the disease. This patient was treated by Dr. Maclay of Delavan.

DR. WALKER then presented a clinical report on a case of

HEART DISEASE.

February 16, 1895, visited Mrs. B., aged 59, ill with dysentery resulting in a weak condition of the heart, with other nervous symptoms. She is very nervous, of nervo-bilious temperament, weight 90 pounds, not strong for years. Under antiseptic and astringent treatment, including enemas, 2½ weeks, all acute symptoms yielded. There were slight chills and some fever at times. Occasional discharges of mucous and moderate constipation followed this attack, requiring mild laxatives, glycerine, enemas, etc. Until October, 1895, the tongue continued violently red, fissured all over and very seldom slighted coated posteriorly. "Cold spells" were frequent later followed by flushing of face and chest, and the heart, especially at these times, much disturbed. Pulse even to 130, much anxiety, rapid breathing, etc. Heart beat was weak, and continues intermittent. Solid food would often induce an attack, hence she denied herself this indulgence and was with difficulty persuaded to eat a proper amount, and in spite of tonics, part-

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tonics, and digestants, and liquid and predigested foods; emaciation was extreme, her weight only sixty pounds, and when in July she could walk, she would not, fearing lest exertion should induce an attack. Massage of epigastrium was used in July and August with decided benefit. About August 15th she became greatly excited, and this was followed by complete exhaustion and a return of all her former symptoms, especially the flushings, rapid breathing, disturbed pulse, severe headache, constant moving of arms, and great anxiety, so that it at times seemed that the heart would fail from the hyper-excited condition constantly experienced. For about a month this continued. Massage was again thoroughly used, and a thorough general rubbing daily with a rough towel. By October 1, 1895, Mrs. B. sat up a good deal, and by November 1 was able to wait upon herself. Gradual improvement has continued, and this summer she has her usual strength. The symptoms in this case seemed to indicate grave disturbances of the sympathetic nerves, especially of the solar plexus.

After brief discussion, the report of the Committee on Program was read and accepted, and the society adjourned to meet in Lincoln, Ills., January, 1897. KATHERINE MILLER, Secretary.

PAN-AMERICAN CONGRESS.—A most interesting and instructive session of this society was held in the City of Mexico, November 16 to 19. The next issue of the FORTNIGHTLY will contain a summary of the proceedings from the pen of our special representative. The third session of the Congress will be held in Venezuela, at a date to be determined later.

NEW CATALOGUE.—The Columbus Phaeton Company, of Columbus, Ohio, is now distributing its beautiful art catalogue for 1897. The beauty of this catalogue insures it a grateful reception wherever it goes, but especially will it be appreciated by the doctor who wishes to know just what is the proper turnout. The catalogue is sent on application.

THE PALISADE MFG. CO., of Yonkers, N. Y., announce the distribution of prizes to the successful contestants engaged in the "Borolyptol" literary contest (see front cover). The inauguration of such a contest is commendable enterprise; it encourages endeavor on the part of the studious physician to give to the world his thoughts, and places in readable and useful shape facts in medicine and surgery worthy of wide dissemination.

STRONGLY PUT.—"If you were to take an eminently practical boy and school him into the superficial, sentimental, emotional and dependent habits of the average girl, with the ordinary attendants of a corset, tight and high-heeled shoes and indoor training, and insufficient clothing, and let him live on de-oxygenerated air, with no hope except to get married, and not allow him to purchase even as much as a railroad ticket for himself, never have a pocket in his clothes, spend hours daily curling his hair and preparing to spend a frivolous evening, etc., he would develop into a veritable hysterical nonentity, capable of producing only his kind."—Dr. Lucinda H. Corr, of Carlinsville, Ill., in *Hot Springs Medical Journal.*

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TRI-STATE MEDICAL SOCIETY OF ALABAMA, GEORGIA, AND TENNESSEE.

Eighth Annual Session, Chattanooga, Tenn., Oct. 13—15.

Continued from page 649.

[From Mergenthaler Linotype Machine.]

C. R. ACHISON read a paper on

TREATMENT OF CANCER OF THE SKIN,

advocating the use of caustics in epithelioma. There is much less destruction of tissue than with the knife, in the use of the latter if there are any cells left there will be a recurrence while if the caustic is used the inflammation, etc., will cause the death of the pathologic cells, beyond the point cauterized. The pain can be reduced to a minimum by mixing with cocaine or by general anaesthesia. Arsenious acid has a selective action devitalizing the cancer cells. Caustic potash is specially useful on the lip. Chloride of zinc produces a dry slough.

P. L. BROUILLETTE asked if any of the members had ever had arsenical poisoning from the caustic. In one case he had applied the acid over too large a surface and had had poisoning. The pain was relieved by morphia. The final result was happy. In epithelioma of the nose he used the electro-cautery. This answers every purpose.

G. A. BAXTER said that the argument of the surgeon was that by the knife the patient escaped the pain which in some cases was excruciating. He would use the paste in proper cases, but believed the knife generally the best, shortens the time, gives physiological regeneration instead of suppurative results and is equally efficient in elimination of diseased products.

FRANK TRESTER SMITH alluded to a paper found in the Journal of the American Medical Ass'n, Oct. 3d, in which he had advocated the use of caustics for epithelioma of the lids and related a case.

W. C. BILBRO thought the doctor covered the ground as he advocated the use of the knife first for deep seated cancers and if refused, then the caustic.

J. B. MURFREE thought caustics preferable in superficial epithelial cancers. In Dr. Brouillette's case the poisoning was due to the use of too weak a paste. There should be one part of acid to one of gum arabic, or it might be stronger, so as to destroy the tissues and not simply to irritate.

DR. BROUILLETTE said he had used one part gum arabic to two of arsenious acid, and the patient was seriously poisoned.

DR. ACHISON said in closing the discussion, that he would be more cautious. He had looked over the literature and enquired and had never heard of a case of poisoning before. In cancer of the breasts it was not scientific to use caustics, but if the patient refused the knife we ought to use the caustic and not allow the case to go to some quack.

W. FRANK GLENN read a paper entitled:

DISEASES OF THE VERU MONTANUM (CAPUT GALLINAGINIS).

He described acute and chronic inflammation hypertrophy, hyperaesthesia, Cause gonorrhea and masturbation, hyperaesthesia especially due to masturbation. Symptoms: Frequent desire to urinate with dribbling of urine at end of act. Chronic inflammation most frequent cause of impotence. Internally he recommended alkalithia or maizo-lithium. Locally argonin. Nitrate of silver should be avoided in acute cases. Recovery is slow. General tonics, galvanism, etc., will generally cure hypertrophies. In hyperaesthesia there is premature ejaculation in the sexual act. The mistake here is that the case is often treated for sexual weakness with strychnia, phosphorus, etc., while the opposite course is indicated.

C. R. ACHISON believed that disease of the veru montanum was the cause of the difficulty in the treatment of

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genito-urinary diseases. A chronic inflammation is the cause of the stubborn cases of chronic gonorrhea. Gleet is thus produced. In hyperaesthesia, premature ejaculations, seminal emission, the stimulating treatment is contra-indicated and the doctor has given the classical treatment the cold current and sexual sedation.

G. W. DRAKE asked how the disease caused premature ejaculation.

DR. GLENN in closing said that the veru montanum was the vital part of the sexual apparatus and the peripheral irritation caused the ejaculation just as an eye winks from a foreign body. His former treatment by strychnia and phosphorus caused the patients to get worse, but the present treatment by sedation, by cold water was successful. Argonin 5 per cent was preferable to silver nitrate, as it was painless. These are the cases which have gonorrhea twenty times and are cured by the favorite prescription which every man has and which he gives to his friend who has a true gonorrhea and which has no more effect than cold water.

GEO. S. BROWN read a paper entitled:

THE BACTERIOLOGY OF PERITONEAL DRAINAGE.

The emphasis lay on the bad principle of introducing drains after abdominal operations on account of a fear of infection, say from an outpouring of pus from a ruptured tube. The peritoneum has a great destructive power of its own, both to the germs and to their toxins, when its integrity is not harmed. A drain is a good thing where there are already infected surfaces or where the peritoneal surface has been greatly damaged in the presence of an infectious agent, such as a ruptured tube. But a drain harbors germs and all wounds will suppurate in which drains are used, while few or none would, if drains were not used.

W. D. HAGGARD, JR., said that pus producing germs were extremely dangerous. The gonococci denuding the membrane and forming a nidus for the development of the pus germs. The experience of practical abdominal surgeons is in favor of drainage. It is not difficult to sterilize gauze, but it is difficult to keep it sterilized. A glass tube through the abdominal wall will soon be walled off: The natural drainage is through the vagina. Gauze may be packed too tight to drain.

G. R. WEST said that he had almost laid aside drainage except to take care of secondary hemorrhage. The paper gave a scientific explanation of his own experience.

DR. BROWN closed the discussion by saying that there was no objection to drainage where there was a large raw surface, but where the surface was small, as in ruptured pus tubes. These should be flushed with large quantities of hot water and no drainage. The peritoneal surface would take up the germs and destroy them.

PROF. S. H. DODSON of the Chattanooga Normal University, read a paper:

PHYSIOLOGY OF THE SENSES,

being in substance as follows: "The old school of mental philosophers studied deductively—speculated on the nature of mind; the new school inductively. We of today study mind in its physiological bearing. Sensation, the first form of mental life, because mind must have sense images of the external world before the Ego-Self is distinguished from the Non-Ego or Non-Self; the thinker from the thing thought. Hence importance of the study of the senses.

Sensations differ in quality—have their local signs, and can be definitely located on surface of skin. The sensation of feeling two objects by crossing second finger over first and placing round object between is a trick and not a psychological phenomenon. Sensations are transmitted to brain in two ways—by the periphery of the spinal cord and through the gray matter. This last is the after image of touch. Temperature after image for cold due to persistence of the sensation and the lessened sensibility of the nerves to heat. They vanish and return about six seconds apart for 25 seconds. There are areas on the skin susceptible to hot and cold stimuli, called hot and cold spots. There are also pressure spots. Sensation of effort in peripheral. Sensation of movement located in head. Sensation of taste and smell often confused. Their padagigic bearing great." He related a number of experiments.

J. P. STEWART said that most of our knowledge comes from these ex-

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perimenters. One of the most interesting things was the modification of the sense of taste by excluding the sense of smell. He related a case in point where the patient had lost the sense of smell.

G. W. DRAKE called attention to the proximity of the centers in the brain of the senses of taste and smell. They probably overlap. Can't be separated.

PROF. DODSON called attention to the importance of the imagination and related a case where a condemned man was shot with blank cartridges, but who died at the suggestion of the surgeon.

W. D. HAGGARD, JR., read a paper on

VAGINAL HYSTERECTOMY FOR BILATERAL SUPPURATIVE PROCESSES OF THE UTERINE ADNEXA.

He said that the reason for removing the uterus where the adnexa were hopelessly diseased, requiring removal is founded on the following facts: A large number of cases where the tubes and ovaries were removed were not perfectly cured, the persistent symptom was pain; hysterectomy cured these cases. There were painful malpositions; a more stormy and protracted menopause; there was danger of adhesion of hollow viscera and subsequent obstruction; it takes no longer to do a total hysterectomy than curetting or ventro-fixation after double ovariotomy; the mortality is lower; the uterus is a part of the disease in pyogenic infection, hence hysterectomy was not the removal of a healthy, intact organ. The mortality in five hospitals was 18.5 per cent in removal of tubes and ovaries alone for pus. Vaginal hysterectomy in 724 cases, 4.6 per cent. Jacobs, 403 cases, 2.9 per cent. The supreme triumph of the vaginal operation was that it afforded the means of a thorough exploration essential to conservative proceedure. The vaginal method is preferable because:

1. The preliminary step, vaginal section, allows thorough exploration and conservative treatment, with a minimum of risk.

2. The vagina is the natural approach and logical avenue for drainage of the pelvis.

3. It is immune from the unpleasant sequelae of laparotomy; possibility of hernia, stitch abscess, infected ligatures and sinus and the abdominal supporter.

4. Less immediate shock. Convalescence smoother and shorter.

5. No exposure or handling of intestines.

6. Less danger of peritoneal contamination.

7. Mortality is lower.

8. Invades only the diseased area and leaves undisturbed the protecting mass of adhesions. Quoting Segund, "I have arrived at the conviction that whatever can be enucleated through the abdominal wall can also be removed through the vagina, and what can not be removed per vagina, cannot be enucleated by the abdominal method except at the price of proceedures incomparably more grave and laborious." Vaginal hysterectomy stigmatized "blind surgery" has for its motto: "Do what you see and see what you do." The steps may be summarized as follows, but may be varied: 1. Preliminary curettage. 2. Completion of incision around cervix prolonged transversely in the lateral fornices. 4. Freeing cervix anteriorly from bladder and ureters. 5. Application of clamps to base of broad ligaments containing the uterine arteries. 6. Amputation of cervix. 7. Median section of uterus. 8. Enucleation of each appendage separately. 9. Application of clamps to upper portion of broad ligiments containing ovarian arteries. 10. Excision of each lateral half of uterus, with diseased mass.

W. E. B. DAVIS read a paper on

THE TREATMENT OF PUS IN THE PELVIS.

He said that the French surgeons reported inability to remove the appendages in some cases of vaginal hysterectomy for pus in the pelvis, but that the patients recovered, which demonstrated that drainage would cure many cases of pus in the tubes and ovaries. Vaginal incision for pus in the pelvis, not confined to the tubes had been practiced for a long time with good results. A considerable number of such cases required no further surgery. He claimed that large pus tubes and ovarian abscesses could be drained through the vagina with permanent recovery in

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a good proportion of cases, where vaginal hysterectomy is recommended so highly by the French surgeons. If not relieved the patient's condition would be made better and later on an abdominal operation could be done and the diseased appendages removed. It is very exceptional that the uterus will have to be extirpated.

J. A. GOGGANS endorsed the paper of Dr. Davis, whose practice he followed. He thought that we should be very conservative and seriously consider harmful sequelae of complete ablation of the genital organs in young women. Every appropriate treatment was justifiable, when we consider the great variety of pathological conditions. He recognized three methods of treating pus in the pelvis: 1. Simple incision with drainage through the abdomen or vagina. 2. Opening abscess by laparotomy. 3. Opening abscess per vagina. Each applicable to suitable cases. He related a case of laparotomy drained finally through the vagina followed by irrigations, recovery; also one of large pelvic abscess which ruptured during examination. An immediate laparotomy saved the patient.

In closing Dr. Haggard said conservative methods should be exhausted. In a recent case he had opened pus tubes and did not remove uterus. In chronic cases the uterus becomes diseased and will cause untold misery. Here is the only difference between Drs. Davis and Goggans, and himself. The cases which rupture per rectum or vaginam and undergo spontaneous cure, occur in country districts and are not cases of gonorrhea.

DR. DAVIS said that Dr. Haggard's position was sustained by many eminent men. When these organs are removed there is a condition of the nervous system which causes a little suffering to be exaggerated to an excruciating pain. Gonorrhea is not the dangerous disease some would have us think. He believed that a large proportion of cases can be cured without removing the uterus, which is an important organ after removal of ovaries and tubes. A woman is thus more natural and the vagina does not shrivel up.

W. F. WESTMORELAND read a paper

SOME REMARKS ON SYPHILIS,

taking the ground that it was often communicated by means other than sexual intercourse; sixty cases infected from a catheter; a dozen children from a vaccine point. Danger from doctors and from servants. Hereditary syphilis is quite common.

G. A. BAXTER took the ground that it would be proper to prevent the marriage of a syphilitic, even if it might seem to violate professional secrecy through a threat of exposure to patient. In radical cases of persistence before cure, the physician can step over the ordinary bounds of secrecy after warning and prevent untold misery.

R. P. JOHNSON made a plea for the babies. He had made it a rule to allow but few to kiss the babe. This was an outrage on the baby who is helpless to defend itself. Parents should be more careful in this matter.

G. W. DRAKE said that those parents who forbid the nurses to allow promiscuous kissing of children had as a precedent the action of the President of the United States, Grover Cleveland.

Y. L. ABERNATHY had neved seen a case contracted in the manner described, in thirty years' practice, but did not doubt their existence. From neglect there are more deaths from gonorrhea than from syphilis. Syphilis is more amenable to treatment.

C. R. ACHISON said that the virus was bland and must come in contact with an abraded surface. This tends to protect the innocent. Cases of such contraction are few and far between. He did not see that we could do anything about it.

DR. WESTMORELAND though we could do much about it. At his clinic many servants were treated. Where lesions were on the hands they were directed to quit work and generally did so. He saw many cases where infection was not due to venery. In New York nine cases were reported of doctors who had the primary sore on the fingers. He would prevent the marriage of a syphilitic to an innocent girl. If necessary, would inform the family of the girl after telling the patient of his intention.

J. B. MURFREE delivered his annual address:

THE DOCTOR OF MEDICINE,

congratulating the society on its pros-

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perity and urging greater efforts for its advancement. He advocated high motives in the practice of medicine. Medicine is a poor trade and if money is the object, some other calling would be better. The first duty is to the patient to give the best service, to be ethical, avoid love of gain or distinction to swerve from the right. The reputation of a brother physician should be defended. He dwelt on our duty to the public in regard to preventive medicine and quacks.

J. A. GOGGANS read a paper entitled:

A FEW UNIQUE CASES OF ABDOMINAL SECTION.

He thought that surgeons should report their cases, especially the unsuccessful ones, that the science and art of surgery might be of the greatest utility to humanity. He presented a specimen of ovaries that contained serous and myomatous multiple follicular cysts removed from a woman fifty-five years old. Related a case of abdominal section for tubercular peritonitis. The patient had been an invalid seven months, temperature 101, pulse 110. More than half a gallon of ascetic fluid was evacuated, abdominal cavity irrigated with normal solution. Patient made a good recovery from the incision and was able to work most of the time. The third case was that of a child. He presented a sarcomatous stomach and intestines removed post mortem with their mesentery. Diagnosis was impossible without exploratory incision. The fourth case was that of right hemiplegia following an exploratory incision in a female sixty years old. The pelvic disease proved to be cancerous the paralysis occurred on the sixteenth day after the incision. The patient was recovering from the paralysis. The fifth case was the only case of mesenteric cyst that has ever recovered after operation in America and perhaps the only case where operation has been undertaken for exactly that condition in this country. The patient had been out of health about two years, but her abdominal pains and enlargement had existed only eight or ten months. She had been treated for abdominal dropsy. On opening the abdomen the tumor proved to be one of the mesentery. He stitched and drained and the patient recovered. The other successful cases were one operated on by Dr. Bantock in London and one by Pean in Paris.

W. E. B. DAVIS had seen Dr. Goggan's case of mesenteric cyst in consultation and regarded the case as one of much interest.

CATHERINE R. COLLINS read a paper entitled:

MICROSCOPICAL AND CHEMICAL AIDS TO DIAGNOSIS,

dwelling on the importance of examinations of the urine. It should be examined for five days in succession. The whole amount passed in twenty-four hours should be saved. That in the morning gives the urine of a fasting patient. She then called attention to the use of the microscope in diagnosing many diseases, especially tuberculosis, diphtheria and malaria and also the changing views in regard to the origin of typhoid fever. The Eberth germ according to Vaughan, not being the cause, but an involution form of several germs that may separately or collectively cause the disease. She related cases illustrating her position.

C. R. ACHISON said that chemical diagnosis was certain and settled many points definitely and beyond dispute, but there were many who claimed that the microscope could be relied on implicitly. This is not true. It has demonstrated bacteria in diseases, but not their casual relation.

GEO. S. BROWN wished to commend the style, matter and timeliness of the paper just read. He was surprised to hear anyone, at this late day, offer disparagement to the utility of the microscope. So far from this not being settled, it may be asserted that to the miscroscope alone is due the credit for almost all that is accurate in our art, all that dignifies medicine as a science. The "bug" theory rules everything and even those few belated ones who would cast a sneer at it, cannot ignore its sweeping acceptance and in spite of themselves daily do it reverence in their surgical and obstetrical practice. There are clinical uses of the microscope in the way of diagnosis to which nothing else can compare, time is too short to mention any but the A B C of it; examinations of the blood in malaria, inflammations, tuberculosis, measles, scarlet fever, and all the anaemias which heretofore were all a

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jumble of guess work. Examination of the sputum is absolutely the only way in which a diagnosis of tuberculosis of the lungs can be made.

The best schools today teach the microscope the entire four years and they are turning out an increasing army of men who will in a short time compel as universal an adoption of the microscope as the clinical thermometer now enjoys.

In closing the discussion Dr. Collins said that she had worked twenty-one weeks, eight hours a day in the laboratory in a case of tuberculosis before finding the germs. There could be no doubt of the value of the microscope in many cases.

R. H. HAYES read

A STATISTICAL REPORT OF SOME OF THE MORE RECENT REMEDIES USED IN THE TREATMENT OF TUBERCULOSIS AND SUMMARY OF RECENT PREVENTIVE METHODS OF VALUE,

in which he gave an array of clinical and bacteriological statistics from such men as Koch, Maragliano, Campagna, Klebs, Hunter and others in Europe, Von Ruck, Taylor, Dennison and Vaughan and others; also report from a special committee of New Orleans physicians in favor of the newer or biological or directly germicidal remedies originated by Koch, as Tuberculin, Tuberculocidin and Antiphthisin. Also the nuclein preparations of Vaughan and such medicines as pilocarpin and aseptolin. These statistics he claimed were good evidence in favor of the remedies as they were clinical, from men prepared to apply them properly, carefully and who had taken the proper time. The use of these newer remedial agents in tuberculosis had reduced the general mortality rate perceptibly. He also gave an outline of the work of the New York Board of Health to restrict tuberculosis. This consisted in public and private instruction as to danger from milk and meat (bovine tuberculosis) and from dried sputum (human tuberculosis) it having been conceded that from these sources the large majority of cases were contracted. By thorough system of instruction the board had gotten better results in preventing spread of disease and had succeeded in largely reducing mortality rate from tuberculosis and had demonstrated beyond doubt that it was contagious, infectious and preventable.

Y. L. ABERNATHY thought that there was nothing in sero-therapy. The remedies were made to sell. Koch's tuberculin was a failure, but millions were made out of it before this was discovered. Pasteur's hydrophobia and tetanus cures, Hammond's serums, Brown-Sequard's elixir of life all on a par. They get up wonderful statistics. Lies are divided into three classes: lies, d—m lies and statistics. Something may develop along these lines as good as vaccination, but it is yet in the future. At present they are only fads and very silly and expensive fads. Think of antitoxin at $5.00 a dose. At the present rate of this serum craze we will ere long have

An extract of muscle for rheumatic pains,

A gray matter extract to nourish our brains,

An extract of teeth for the fellow who can't chaw,

A maxillary extract to cure lock jaw.

An extract of semen to cure old men,

An extract of clitoris to raise a number 10,

An extract of Hymen to preserve a maiden-head.

An essence of vagina with sea shell tints of red,

For the benefit of bachelors, grim and old and gray,

Who can't and won't get married coz they ain't built that way.

GEO. S. BROWN said that we had the two extremes in the reader and last speaker. Koch had done more than any other man to reduce the mortality from consumption, not from serum therapy, but because the disease was better understood. The principle has not been discovered that will cure consumption. Some who make great claims do not have the confidence of bacteriologists. When the true principle is discovered the man may have his laboratory in the Sahara Desert, but will do a good business. In diphtheria the true principle has been found and antitoxine is a success. The serum treatment offers much in the future.

DR. HAYES said that he did not think that some of the gentlemen re-

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ferred to had made anything out of the remedies. There is something in this treatment, but it is not yet fully developed.

LOUISE ELEANOR SMITH read a paper entitled:

THE TURKISH BATH; ITS THERAPEUTIC INDICATIONS,

giving as indications: torpid skin, rheumatism, mental depression, sleeplessness, malaria, typhoid, gout, kidney trouble, congestion of liver, spleen and bowels, biliousness, catarrh of stomach, gall, stones, colds, etc.

CATHERINE R. COLLINS doubted its use where there was weak circulation. It was indicated in engorgements. There is but little literature on the subject.

GEO. S. BROWN said such a paper was always useful. That it was a great pity that all the misdirected zeal, such for instance the employed in Antivivisection circles, could not be directed in this channel, say under the name of an International Society for the Promotion of the Bath Tub Habit.

R. R. KIME said that the difficulty was in preparing the apparatus especially with patients confined to the house, but the freer use of water, hot and cold, would have a beneficial result. As we learn more of nature's remedies the better we can combat disease.

Y. L. ABERNATHY said that there could be no doubt of the value of water, especially in rheumatism, syphilis and other blood diseases. People spend hundreds of dollars to go to Hot Springs to bathe in hot water. There is no virtue in the water. Even if it was medicated none of the medicine would be absorbed.

K. H. DAVIS endorsed the use of water internally, externally and eternally.

DR. SMITH closing the discussion, said that the heart got stronger under the bath. A bath could be improvised with a blanket and lamp. The cold spray and rubbing could be easily applied.

J. P. STEWART read a paper

MEDICINE — HIPPOCRATIC AND OPERATIC,

giving a review of the history of medicine and commenting on homeopathy, eclecticism, etc., closing with the Hippocratic oath.

G. A. BAXTER objected to including Koch and Pasteur among the operatics; they were not responsible for improper use of their remedies.

H. BERLIN said that human nature was the same as in the days of Hippocrates and we were not sure that he was the man the author represented. He was charged with setting fire to the temple of Corinth.

GEO. S. BROWN said "Quackery today is merely a remnant of what regular medicine was in the past. Paracelsus wrote a book for the benefit of young physicians, a sort of 'how to get along in practice,' in which he naively advises that when a messenger comes for you, to use your best endeavor to get as many facts from him as possible, and thereby you may get enough to make a correct diagnosis from merely looking at the patient, and thereby greatly impress the patient and friends with your intuitive wisdom.' Other equally quackish methods he advises with a confidence which shows that medicine at that day must have been largely pretense. Quackery has given way as medical science has advanced. It cannot stand against latter day scientific medicine and in fighting it our most effective weapon lies in keeping ourselves abreast of modern scientific medicine."

C. HOLTZCLAW said that Hippocrates got his name from hippus, a horse and crates, judge, hence judge of a horse, and the best doctor is a judge of a horse, so he advises his students after they graduated, to go for awhile to a horse college.

DR. STEWART disclaimed any intention to reflect on Koch and Pasteur as was shown by his paper. Charlatans quoted such names to bolster up their cause. That Hippocrates was what he is held up to be is shown by the esteem in which he was held by his contemporaries, Plato and others. The cure for quackery lies in the future.

P. L. BROUILLETTE read a paper on

THE THERAPY OF ANTIPYRETICS.

He protested against the indiscriminate use of antipyretics in fever. Fever is nature's remedy to relieve certain conditions. Nature's antipyretic, cold water, should be used for simple reduction of temperature. Quinine in large

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doses is a very valuable antipyretic and also an antiperiodic.

J. P. COLVIN endorsed the paper and considered water the antipyretic par excellence. The mode of application governed by the temperature and the condition of the patient. Full bath hardly ever necessary for infant. Quinine the second best antipyretic, especially in sepsis. Would caution against the continued use of the coal tar derivities, especially where there is a weak heart, lung complication, or sepsis. Cold water is the antipyretic which can be used for an unlimited time without drawing on the vitality of the patient.

J. R. RATHMELL said the profession went to extremes in the use of new remedies. A few years ago antipyretics were prescribed irrespective of disease, just so there was fever and pain present, Then the pendulum swung to the other end of the arc when the profession did not use them enough, perhaps. But at this time the coal tar derivatives are used on a scientific basis. In connection with these he used the cold sponge bath. Surplus adipose tissue is always consumed in typhoid fever before convalescence sets in.

B. S. WERT did not agree with the last statement, as lean persons have fever and some fat ones recover with considerable flesh. He endorsed the use of cold water.

H. BERLIN said that the greatest gain in therapeutics was the antipyretics which were not more harmful than many other remedies. They should be given by the thermometer and not by the clock. A temperature of 105 would do little harm for a short time, but if continued, would be harmful.

G. R. WEST said that we should search for and treat the cause and unless it was such as to be dangerous, it would require no treatment. The indication for the coal tar derivitives was as analgesics rather than as antipyretics.

W. F. WESTMORELAND said that the continued use of antipyretics would depress the vital forces. The time is an important matter. They should be given so as to have their maximum effect at the height of the pyrexia. In some the shock of cold water prohibits its use. Here tepid water should be used. Cold would do more harm than good.

R. R. KIME said that the cause should be removed if possible, then consider if the use of antipyretics would not depress more than fever. Would condemn the use of coal tar derivatives in septic infection. The temperature is a guide to the amount of infection. If cannot remove cause, have to treat symptoms.

P. L. BROUILLETTE regarded cold water as the best antipyretic next to quinine. Patient should be put in bath and temperature reduced by adding cold water.

SEALE HARRIS read a paper on

THE TREATMENT OF PUERPERAL ECLAMPSIA WITH ESPECIAL REFERENCE TO THE USE OF VERATRUM VIRIDE.

He reviewed the literature on the subject, showing that the authorities do not recognize the value of veratrum viride, which he claims is the remedy par excellence. He thought the exciting cause is the retention of urinary elements in the blood; the highly excitable nervous system of the nervous woman predisposes to convulsions.

Prophylaxis he deemed of most importance. The urine of the pregnant woman should be examined frequently in the last months of pregnancy. If the functions of the bowels and kidneys can be regulated, many cases can be prevented. The veratrum acts by lowering arterial tension, not only from its effects on the vaso-motor system, by dilating the arteries and arterioles, but by a direct effect on the heart and pneumoga stric nerves, lessening the force and frequency of the heart's action, and therefore lessening the amount of irritating toxines owing to the nerve centers. The veratrum also has a sedative effect. He uses in doses of 15 to 20 drops hypodermically, guarded with one-sixth to one-fourth grain of morphine to prevent nausea and depression sometimes seen in the specific effect of veratrum viride. He continues it in doses of 5 to 10 drops, often enough to keep the pulse rate below 60; claiming that when so used, veratrum viride will, in all cases, control the convulsions, giving time to restore if possible, the functions of the kidneys and bowels; and if necessary, to remove the offending fetus.

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If the convulsions occur before labor, they should be held in abeyance twelve to twenty-four hours, and if the functions of the kidneys and bowels cannot be restored in that time the interests of the mother as well as the fetus demands the induction of premature labor.

W. F. WESTMORELAND did not think the explanation that the veratrum bled the patient in her own vessels sufficient. There is some action we do not understand. The maximum effect is felt in two and a half hours, so if it does not get an effect in an hour, he feels safe in repeating dose.

R. R. KIME said veratrum was our safest and most efficient remedy. It is said to act by bleeding patient in her own veins, by sedation and by arousing glandular action. Bleeding is indicated in stout, hearty, plethoric patients, but we must not lose sight of the fact that free bleeding favors infection. There are three classes: hysterical, epileptic and apoplectic, the last the most serious.

J. P. STEWART endorsed the paper. He related three peculiar types which had recently come under his observation: No. 1. Patient was yet in two months' expectancy—chloral, morphine, chloroform and blood-letting gave no relief, so abortion was produced and patient recovered. No. 2. In normal labor when convulsions occurred, veratrum, morphine and chloroform failed. Immediate instrumental delivery gave instant relief. No. 3. Convulsions occurred after parturition, controlled by morphine and chloroform. Would like for the essayist to touch on the irritating cause in his reply.

B. S. WERT had used veratrum and believed it a good remedy. Cases should be delivered at once.

G. R. WEST though believing in the use of veratrum, had had no experience. Had been able to successfully treat his cases with large doses of morphine hypodermically, chloral by enamata and the use of chloroform. He advised emptying the uterus, as the cause was always due to the presence of the child; whatever the theory of eclampsia. Had used blood letting, but now adopted rapid delivery and even in those cases where blood letting was rationally needed, considered it best to allow the blood lost from the uterus to be sufficient.

SEALE HARRIS said in closing that veratrum acted on the vagi, thus lessening the force of the heart's action.

The following papers were read by title: "The Woodbridge Treatment of Typhoid Fever," J. W. Duncan, Atlanta, Ga. "Diseases and Treatment of the Accessory Sinuses of the Nose," B. F. Travis, Chattanooga, Tenn.

NERVOUS SLEEPLESSNESS.

Although sulfonal has proved to be one of the most serviceable hypnotics in the materia medica, it has been objected to its use that its effect is sometimes slow in developing. This feature, however, is a distinct advantage in a certain class of cases where the patients quickly fall asleep when they first go to bed but wake in a short time and keep wakeful for the greater part of the night.

As has been pointed out by Dr. Webber of Boston, Sulfonal acts exceedingly well in this class of patients, as it does not interfere with the first early sleep of the night, and acts later so that the patient does not wake at night as usual. In other cases where a more rapid effect from Sulfonal is desired, it is recommended by Dr. Kinnaird (Daily Lancet, March 11, 1896), that the time of administration be so arranged as to obtain the effect at the proper time. Thus, it should be taken early in the evening if wanted to produce profound sleep at nine or ten o'clock at night. This author has found the drug an excellent substitute for opium and other dangerous anodynes, and especially emphasizes its utility in insomnia from overwork and neurasthenia, in which he considers it the remedy par excellence. He reports a number of cases of overworked school teachers, troubled with marked insomnia and nervousness who were greatly benefited by the administration of Sulfonal, and also recommends its use for the relief of pains if not of sufficient severity to require the employment of morphia.

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Medical Melange

IS IT NOSTRUM JOURNALISM?

It may seem irregular to the pseudo-ethical physician to see in scientific medical journals the advocacy of any particular proprietary drug, pharmaceutical compound, food product, or what not. It may disturb his wonted placidity, cause him to lose his temper and give forth invectives not suitable for a Sunday school paper. We have had one or two experiences with this species of the genus-medici, who terminated their subscriptions abruptly, and branded the editor as a dissenter from the faith of the fathers. We have survived these shocks to our extremely sensitive nature, and are still doing business at the old stand. However, it has caused us to muse a little over the accusations and endeavor to put ourselves in the place of our accusers, to see what really is the matter. After a little retirement, engaged in self-communion over this momentous question, we have come to the conclusion that Bok, the forcible and progressive editor of the Ladies' Home Journal, is right when he says that "the advertisement is not the enemy of the reader, but his friend;" that the advertisement has made the modern magazine — it could not possibly be made without it.

This fact applied to medical journalism is much the same—if it were not for the advertisements the excellence of the modern medical journal could not exist. If we accept standard advertisements into our advertising pages, why can we not accept reports on the usage of such preparations in our reading columns? The advertiser is entitled to and should have the support of the original department, for it has a literary value, too, which must be appreciated. Such advertising can be made a "mountain" or it can remain as it is with the Fortnightly, a "mole hill," according to the care, judgment and ability used in selecting the advertisements. If we consider an advertisement worthy of a place in our advertising space, we are only too glad to lend a helping hand in our reading columns. It is ethical and is not "lending a hand to irresponsible nostrum productions." Advertising of legitimate preparations is a legitimate feature of a medical journal, and judicious clinical recommendations are not out of order when from the hands of reputable men. We are not seeking any "manhood restored" or "woman's friend" advertisements, nor do we have a testimonial bureau or a photograph gallery for "before and after" usages, but we do endorse the plan of giving credit where credit is due. It is the "golden rule," but as that is apparently obsolete in these days of "free silver," it is possible a mistake has been made, and we have to wait for our kind censors to show us the true light. The Medical Fortnightly will continue to be a friend to its advertising patrons. Pharmacy is said to be the "handmaiden to the medical profession," and thus we recognize the value advertisements are to our subscribers in keeping them posted in the advance in pharmacy, and we propose to follow along this line in conducting this magazine. F. P. N.

LET THE GOOD WORK GO ON.

Mayor Hooper, of Baltimore, signed an ordinance prohibiting the public display of "Museums of Anatomy" or any portions of them after May 12, 1896. Baltimore evidently has a proper city government.

The new hospital to be built in Boston, the gift of Peter Brigham, is to be open to indigent poor only. It will cost nearly $4,000,000.

COLUMBUS TO THE FRONT.

An ordinance was recently passed by the council of Columbus, Ohio, regulating the passage of ambulances and physicians through processions. There were only two members of the council who voted against it. It provides that all ambulances shall have the right of way against all processions, persons, vehicles, or animals, when conveying any patient or injured person, or when proceeding to the scene of any accident; and any person refusing the right of way is subject to a fine not exceeding $25 for each offense. Physicians who have secured a permit from the city clerk and procured a suitable badge, on the payment of $1, shall have the same rights enjoyed by the ambulances.—Columbus Medical Journal.

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ACUTE AND CHRONIC INTESTINAL CATARRHS.

By Dr. Paul Palma.

In the treatment of acute, but especially chronic intestinal affections, the diet undoubtedly demands the first consideration, although often we are compelled to resort at once to the use of medicaments. In these cases a stately array of remedies is at our disposal, whose correct application must be carefully studied, since each remedy, besides certain advantages, has often a marked disadvantage, as in the case of calomel.

In the following pages I have briefly communicated my observations on a new intestinal remedy. I have done so because the practitioner looks with a certain amount of mistrust, which is justified, at every new remedy, for, as I would especially emphasize, in the reports of new drugs, which now appear almost daily, we hear only of their advantages, and little or nothing of their dark sides.

In acute and chronic intestinal catarrhs, intestinal hemorrhages, etc., remedies containing tannic acid have been extensively employed, since they were thought to exert a favorable influence upon the swollen and inflamed mucosa, by virtue of their astringent action, and, as a matter of fact, this was observed. In the employment of these remedies, and especially tannic acid, difficulties were encountered. Before reaching the intestine it is completely precipitated as a tannin albuminate, and thus loses its effect. On the other hand, every physician knows how readily, under the use of tannin, the already impaired appetite of the patient is completely removed. Attempts have been made to obviate these disadvantages—aside from the taste, which is not easily corrected—by the employment of Keratine-covered pills, which are insoluble in the acid gastric juice, but are dissolved and rendered effective in the alkaline intestinal contents. It happens, however—especially during active peristalsis—that the pills pass unchanged through the intestinal canal.

The new remedy which I have had occasion to employ is an acetic acid combination of tannin, which was prepared by Professor Muller, of Marburg, and named tannigen. Professor Mayer observed that it dissolves in water only on addition of an alkali, but is insoluble in dilute acids. For this reason he concluded that the drug passes unchanged through the stomach, and when it reaches the intestine is split up in acetic acid and tannin—a conclusion which he substantiated by experiments on animals.

The remedy was, therefore, recommended by him in the treatment of intestinal catarrhs, and already a large number of reports have appeared by Kunkler, Drews, Reichmann, Strauss, Moncorvo, etc.

The preparation is a grayish-white powder, having an acidulous odor, tasteless, insoluble in cold water, slightly soluble in warm water. If retained in the mouth for some time, a decomposition seems to occur in the alkaline saliva, and the astringent effects of tannic acid are manifested.

I undertook to employ this remedy in appropriate cases, and having tested it in nineteen cases, I take the liberty to briefly report here my observations.

In five cases of children under one year of age, in which, partly in consequence of improper feeding, profuse diarrhoeas had occurred, I administered 0.1-0.2 gm. tannigen in lukewarm milk, water, etc., thrice daily, in connection with a suitable diet. As the remedy is tasteless—a great advantage in pediatric practice—it was always taken willingly and well tolerated. In three cases a cure was effected within twenty-four hours, in one case at the end of two days, while in another, that of a markedly marasmic child, it proved inefficient. In all cases it is advisable to continue its administration for two or three days further in smaller doses.

In the cases of two girls, five and seven years old, respectively, who, after partaking of sausages, suffered from profuse diarrhoea, a cessation of the discharges and cure of the disease was produced by four doses of 0.5 gm. each.

Six adults suffering from chronic entero-colitis received tannigen in 0.5 gm. doses two to three times daily, with regulation of the diet. The cause of this intestinal trouble was usually to be sought in prolonged dietetic errors,

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but no improvement could be obtained by simple dietary regulations or by administration of the customary remedies. In four cases a marked and lasting effect was derived from eight days' use of tannigen in the above mentioned dose. In one case, however, while the diarrhoea was relieved, a feeling of pressure in the stomach and impairment of appetite always appeared after administration of the remedy, this being contrary to the observations thus far reported. A man forty years old suffered from a recurrence, which was again relieved by eight days' administration of tannigen.

I have also tried this drug in the diarrhoea of phthisical persons. Everyone knows how difficult it is to treat this affection and how desirable it would be to find an effective remedy. Owing to the practical importance of this disease, I have taken the liberty to communicate my observations somewhat more in detail.

H. C., affected for many years with what was known as asthma, has suffered since the spring of 1895 from diarrhoea, occurring three or four times daily and attended with pains. Examination revealed extensive destruction of the upper lobes of the lungs, with profuse expectoration. In the sputum large numbers of tubercle bacilli were found. The abdomen was always somewhat distended and tender, but no free fluid could be detected. Active movements of the intestines could be seen and felt through the abdominal integument. As the constant diarrhoea greatly troubled and exhausted the patient, he received three times daily 0.5 gm. tannigen after all the customary remedies had failed.

On the following day the patient complained of a considerable increase in the number of diarrhoeal passages (fifteen a day); but, notwithstanding, at my request, took the remedy on three further occasions, but as it always enhanced the trouble, is was discontinued.

K., aged twenty; infiltration and destruction of the left lung, infiltration of the right pulmonary apex; since a number of weeks one to two diarrhoeal stools and violent borborygmi after each taking of food. Patient received for two days 0.5 gm. tannigen thrice daily. On both days there was no effect, the stools remained unchanged, while the violent peristalsis was uninfluenced. After a week another attempt was made with tannigen, four doses of 0.5 gm. each, but no favorable result ensued.

P., aged thirty-two, had suffered from a catarrhal process of the apex of the left lung one and one-half years before, since which time he had been troubled with one or two diarrhoeal stools every morning. No relief could be obtained from dietetic measures or the most varied medication. Here also tannigen—2.0 gm. pro die—proved useless in three experiments. Patient complained of a feeling of pressure in the stomach after taking the powder; the appetite, however, was not affected.

W., aged thirty-one; phthisis of the right upper pulmonary apex, suffered from diarrhoea, having four or five evacuations daily, which greatly exhausted him. After the use of tannigen 1.5 gm. daily, patient complained of increase in number of stools (six every day) and pressure in the stomach. After a second also unsuccessful trial, the remedy was discontinued.

It would appear, therefore, that tannigen is useless in diarrhoeas of tuberculous origin; in many cases the evacuations are seemingly increased. I have, therefore, refrained from further use of the drug in this form of intestinal trouble.

This experience was the more undesirable, since I hoped to possess in tannigen a remedy with which, in a convenient manner, the extremely favorable results could be tested which Raymond and Arthand had obtained from the use of tannic acid in pulmonary diseases.

I would, therefore, experiment with tannigen only on phthisical persons who are free from intestinal trouble.

Tannic acid has also been employed to a considerable extent in cases of chronic nephritis, as well as in the acute form (where it undoubtedly acts injuriously). Usually tannate of quinine has been used for this purpose, and hence the thought occurred to me to experiment with tannigen in this direction.

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Sch., aged twenty-three, carpenter; diagnosis of large white kidney was made on the ground of the results of microscopical examination and the course of the disease. The daily amount of urine was about 2,000 c.cm., sp. gr. 1018; the quantity of albumin(determined by the method of Essbach and Braudenberg) varied between 0.6 to 1.5 per cent, which correspond to 12 to 30 gr. dry albumin.

During six days the patient took 2.0 gm. tannigen pro die. Examination of urine which was undertaken on three occasions showed that the quantity always varied from 1,800 to 2,200 c.cm., the sp. gr. from 1016 to 1018; the amount of albumin on the three days of observation was 0-6, 0.8, 1.6 per cent. The general condition, appetite and the moderate oedema were not influenced.

P., aged forty-six, suffered from marked loss of appetite, with violent headache and vomiting. In a few days uraemic symptoms appeared, which receded under appropriate measures. The signs of chronic nephritis now appeared, with moderate oedema.

The daily quantity of urine was 1,000-1,500 c.cm., the sp. gr. 1015-1018; the amount of albumin (after the method of Braudenberg) was 0.3, 0.5 per cent, which corresponded to 37.5 gm. dry albumin.

This patient also received during six days 2.0 gm. tannigen daily. The quantity of urine vacillated between the above given limits, and the percentage of albumin was unchanged. The appetite and the moderate oedema remained unaffected; the patient complained only of a slight headache, which always disappeared after a movement of the bowels.

A review of the observations made by me leads me to the following conclusions:

1. Tannigen is an excellent and serviceable astringent in acute and chronic intestinal affections, and can, therefore, be warmly recommended.

2. As tannigen is tasteless and nonpoisonous, it can be employed without inconvenience in children.

3. I would not recommend it in the intestinal affections of phthisical persons.

4. Upon diseases of the kidney it appears to exert no influence.

5. As the price of the drug is moderate, it can be utilized also among the poorer classes of patients.—Correspondenzbl. d. Vereins, Deut. Aerzte in Reichenberg, June 15, 1896.

A SUBSTITUTE FOR COFFEE AND TEA.

Many physicians are recommending the use of Horlick's Malted Milk as a table drink in place of tea, coffee, cocoa, etc. The evil effects of long continued use of tea or coffee are well known, but the difficulty has been to provide a pleasant and satisfactory substitute. Malted Milk is a perfect soluble combination of pure cow's milk and an extract of malted grain, and when served either hot or iced it makes one of the most pleasant, refreshing, and nutritious drinks imaginable, little if any more expensive than the ordinary drinks, and far more healthy and nutritious for continued use. Does not stimulate, but aids digestion. Prepared by simply adding water. Address Horlick's Food Co., Racine, Wis., for samples.

I am not in the habit of giving testimonials and certainly would not do so until I had given the remedy a thorough and satisfactory trial. I have prescribed Cactina Pilletts about five years and find them to be a very valuable preparation—much better than the modest claims made for them

O. M. BROWN, M. D.

Hockley, Texas.

P. N. de Duboeay, M. D., F. R. C. S., of Tallulah Falls, Rabun County, Ga., Sept. 22, 1896, writes: "I have used Papine, Bromidia and Iodia extensively in my practice, and expect to continue doing so, as these preparations undoubtedly are of great value. I have found your Iodia especially useful in cases of menstrual disorder generally, and as an alterative. Papine must of necessity come greatly into vogue with the general practitioner, relieving pain as it does without unpleasant after-effects. It was of great value to me in treating the pain in a female suffering with (incurable) cancer."

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IN CONTINUED FEVERS.

I have administered Imperial Granum with most gratifying results in continued fevers, and in other wasting diseases, and have found that it will often be retained and assimilated when all other similar preparations are rejected. It has also given me perfect satisfaction as a food for infants. ——, M. D., Milford, Delaware.

A HAPPY COMBINATION.

It is a well recognized principle, in therapeutics, that by the combination of several remedies having similar properties much better results can often be secured than from the administration of a single drug. This is well illustrated in the case of caffeine, a remedy highly valued as a neurotic, but the use of which quite frequently proves disappointing. By combining caffeine with phenacetine, however, its efficacy is remarkably increased, and according to the observations of several authors this formula constitutes an ideal remedy in the treatment of hemicrania and neuralgic affections. As has been recently pointed out by Dr. Pusinelli, the Phenacetine exerts a sedative and analgesic effect upon the nervous system, diminishing especially the cerebral irritation, while caffeine stimulates the heart action, increases in blood pressure and promotes diuresis. It is generally assumed that in many cases of severe migraine and other neuralgias there is present an accumulation of excrementitious products in the system, the result of imperfect metabolism, a kind of autointoxication, and that these morbid materials circulating in the fluids of the body exert an irritant and toxic influence upon the cerebral and peripheral nerves. The value of caffeine in these conditions is that in consequence of its diuretic action it promotes the elimination of these toxic products by way of the kidneys. A significant fact cited by Pusinelli in favor of the correctness of this view is that severe attacks of migraine even when allowed to run their course untreated often subside on appearance of an abundant secretion of urine. From the combination of caffeine with phenacetine, therefore, more powerful and reliable anti-neuralgic effect can be obtained than from either remedy alone. In commenting upon Dr. Pusinelli's experience, Dr. Schnirer, the editor of the Therapeutische Wochenschrift writes as follows: "I am able to completely confirm the statements of Pusinelli on the ground of my own experience during the past two years. I have also derived excellent results from the combination of phenacetine (phenacetine O. 50 Gm., caffeine O. 1 Gm.) in cases in which other nervines had been employed without success. I have never noted disagreeable after effects such as collapse, cyanosis and arythmia, from the use of this combination.

In order to insure a mixture of uniform composition and purity of ingredients and for convenience in prescribing a preparation consisting of phenacetine 5 parts, caffeine 1 part, and citric acid 1 part ,is now furnished by Schieffelin & Co., New York, under the name of hemicranine. This preparation will be found an efficient, reliable and safe analgesic and nerve sedative in migraine and neuralgic conditions in general as trigeminal and intercostal neuralgias and sciatica.

About eight weeks since I was called to see a young lady, and found her with excruciating pains in the hepatic region, constant vomiting, with distress in stomach, in fact could keep nothing down for a couple of days. Enlarged liver, easily felt below the costal margin, very sensitive, so much so that we strongly suspected malignant disease. The symptoms were discouraging, decidedly, as the doctor had given her nearly every medicine used in hepatic disease without relief. I suggested "Peacock's Chionia," it was given and she began to improve, and at this date is as well as usual. It certainly was an efficient remedy in her case, and the result deserves recording.

F. W. BATHRICK, M. D.
Battle Creek, Mich.

I am pleased to say that the most excellent preparation, "Seng," has given me complete satisfaction. I can sincerely recommend it in all cases where such a delightful as well as efficacious remedy is indicated. It will afford me pleasure to speak of its merits on all suitable occasions.

GEORGE W. BABCOCK, M. D.
Chelsea, Mass.

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Dr. John S. Davis, of the Cook County Hospital, Chicago, writing under date of March 1st, 1896, says:

"I have found Campho-Phenique Powder to be indicated in dermatological practice, and especially when a dry stimulating dressing is needed. I have used the powder in quite a number of syphilitic ulcers and in ulcers of a scrofulous nature, and always with the best possible results. No dry dressing that I have ever used in my practice, in this class of diseases has given me so much satisfaction or yielded results so encouraging."

AN ASSIMILABLE FORM OF IODINE.

Certain alkaloids act in a somewhat similar manner to the iodides, and their action is, if anything, more permanent. They possess special power in stimulating the glandular system, both to secretion in the case of special glands and to absorption in a case of the lymphatics. The Henry Pharmacal Company, of Louisville, Ky., have combined the most efficient of these alkaloids in the formula of their Tri-Iodides. By combining these alkaloids with iodine in the form of hydriodic acid they have secured an assimilable form of iodine in combination—the hydriodates of the vegetable alkaloids colchicum decandrin and solanin. They claim that in the hydriodates of these valuable vegetable alkaloids they have a remedy which affords the specific alterative action of iodine without such disagreeable results as the iodinism sometimes produced by the ordinary iodides of the alkaline bases. It has been questioned whether their formula of the Tri-Iodides contains an appreciable quantity of iodine in an available form. Regarding this point they state that when the Tri-Iodides are given, the characteristic action of the iodine upon, and its presence in the secretions is evidenced by chemical tests and the peculiar metallic taste produced by the internal administration of iodine. It is also shown in certain sensitive individuals by slightly marked eruptions of acne, characteristic of the constitutional effect of iodine. This they state is in no instance as marked as when the iodide of potassium or sodium is administered, yet is sufficiently distinct to prove the claims made, that the preparation acts in a large measure through its containing iodine in an assimilable and active form. It is believed that grain for grain, the hydriodates are more active in their effect upon the system as far as the iodine is concerned, than are the ordinary preparations of iodine in the form of iodides.

WILL READ THE FORTNIGHTLY

Since our last issue we are pleased to report the following additions to the paid-up list:

ALABAMA.
Dr. E. P. Nicholson, Valley Head.

ARIZONA.
Dr. Joseph B. Leonard, Payson.

ARKANSAS.
Dr. T. E. Holland, Hot Springs.

CALIFORNIA.
Dr. A. E. Orborne, Eldridge.
Dr. Will H. Holcomb, San Diego.

CANADA.
Dr. Warren Kilborn, Oso Station, Ontario.

FLORIDA.
Dr. A. D. Silveira, Key West.

ILLINOIS.
Dr. Julius Kohl, Belleville.
Dr. Jacob B. Perkins, Franklin.
Dr. L. J. Harvey, Griggsville.
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The Medical Fortnightly

Issued First and Fifteenth of Every Month by the Fortnightly Press Co.

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A COSMOPOLITAN BIWEEKLY FOR THE GENERAL PRACTITIONER.

THE MEDICAL FORTNIGHTLY is devoted to the Progress of the Practice and Science of Medicine and Surgery. Its aim is to present topics of interest and importance to the General Practitioner, and to this end, in addition to a well selected corps of Department Editors, it has secured correspondents in the leading Medical centers of Europe and America. News of Societies, and of interesting medical topics cordially invited.

Editorial Offices in St. Louis, Chicago, Cincinnati, Jacksonville, St. Joseph, Kansas City, and Pueblo, where specimen copies may be obtained and subscriptions will be taken.

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TO OUR READERS.—THE FORTNIGHTLY is in receipt of information from the Postoffice Department that second-class matter not having street address will not be delivered hereafter, but will be placed in the general delivery, to await call. We would, therefore, request our subscribers in the larger cities to advise us promptly where they wish their journal delivered, in cases where the wrapper does not contain the street and number.

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Volume X. DECEMBER FIFTEENTH. Number 12

Editorial Department.

Cheap Medical Service Again.

BELOW we present a communication, with resolutions sent out by the physians of Santa Clara County, California. This declaration should be read by all physicians and especially here in St. Louis where the sewing of such good seed could bring forth good fruit. Just now we have a patch of tares in the vicinity of Chouteau Avenue, where the charitable merchants and manufacturers are engaged in the laudable (?) enterprise of rendering supposedly cheap service to their employers, while in reality they are sewing tares and the sewers (the physicians behind the throne) are preparing to reap a whirl-wind for their undignified, unprofessional, dishonorable conduct. To them, the reading of the resolutions of the California physicians, would be worm wood, for while they know better than to debase the honor of medicine, they are selfish enough to take everything in sight, that they may profit at the expense of the younger and struggling physicians and give in return an inferior service which will even-

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tually be dear at any price. Alas! that such institutions should teach even the poor, that such a deplorable doctrine that a medical man is a cheap John, gift enterprise open to all comers, who can find the necessary fifty-cents a month. A physician or band of physicians who sell themselves so cheaply, measure their inferiority by such acts, even the poor turn from such cheap doctors in time of need, and go where superior service is given openly to the needy. It is time the profession of St. Louis should band itself together to fight the cut-rate scalpers in medicine, and stand firm and strong for what is every reputable physician's prerogation "good pay for good service." Where one doctor temporarily profits by such cheap schemes, fifty others and the ethical rights of the entire profession are violated. We need the overwhelming *esprit de corps* of our California profession to down this sedition in St. Louis. Following is the letter sent out:

ASSOCIATED PHYSICIANS AND SURGEONS OF SANTA CLARA VALLEY.

Dr. A. Jayet, Pres. Dr. Lincoln Cothran, Sec.

San Jose, Cal., Nov. 18, 1896.

Dear Editor:

We ask you to give publicity to this letter and accompanying resolutions, to the end that in all communities afflicted with the pestiferous practice of lodge doctoring, physicians may be encouraged to assert their independence through organization.

Here, in Santa Clara County, Cal., containing 70,000 population, all the physicians of the county, numbering 124, have entered the compact that has ridden us of a slavish evil, and wrought independence and freedom for the practitioners of medicine. Investigation shows that medical compensation for lodge work averages about fifteen cents on the dollar.

Even respectable lodge physicians feel a sense of degradation in giving their services for fifteen cents on the dollar, and the ever-increasing spread of these alleged charitable institutions is absolutely destructive to the business of other physicians.

The main incentive of the persons who band themselves together in lodges is to get cheap doctoring. They are willing to take, but not to give. They belong to protective unions, and the same right should not be denied physicians. Ninety-nine per cent of these people are able to pay reasonable fees to physicians, but will not do so as long as a few doctors in every community, for the sake of immediate gain, can be induced to stand as driven guys to the lodge politicians. No preacher or lawyer would give his services to these people for fifteen cents on the dollar. No grocery store or merchandise firm would contract to supply these lodges with goods at fifteen cents on the dollar of actual worth.

The remedy indicated in the subjoined resolutons is simple, and manifestly efficacious, depending upon the personal honor and free will of those concerned. Where one doctor temporarily profits by contract work the business and ethical rights of fifty others are violated; hence an overwhelming esprit de corps is created among physicians which will sustain a strict observance of the pledge.

LINCOLN COTHRAN, M. D., Sec.

RESOLUTIONS ADOPTED BY THE PHYSICIANS OF SANTA CLARA COUNTY.

Whereas, Rendering professional services at a stipulated fee per capita per annum is derogatory to the dignity of the medical profession, we, the undersigned physicians and surgeons of Santa Clara County, Cal., enter into the following agreement:

First—We mutually, jointly and individually pledge our word of honor not to enter into any contract or agreement, or renew any existing contract or agreement, either written, verbal or implied, to render medical or surgical services to any lodge, society, association or organization.

Second—We will not render medical or surgical services to the members of the above mentioned bodies for less compensation than we charge the general public for similar services.

Third—This agreement shall not be construed to affect existing contracts between physicians and surgeons and the above mentioned bodies.

Fourth—These pledges shall take effect and be in force for a term of three (3) years from and after May 22, 1896.

This agreement shall not apply to hospitals and purely charitable institutions.

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Medical Missionary Life in China.

DR. H. T. WHITNEY, of Pagoda Anchorage, Foochow, China, in a recent personal letter to the editor of the FORTNIGHTLY, tells some interesting facts about his life as a missionary physician. Dr. Whitney, besides being associate editor of the *China Medical Missionary Journal*, which is published quarterly, has a great deal of work to do in the Chinese language. He is at present engaged in revising Gray's Anatomy, for a third Chinese edition. Dr. Whitney has also prepared in the Chinese language a primary physiology, as well as one for the use of the boys' and girls' boarding schools, similar to "Steele's Fourteen Weeks in Physiology."

This literary work, together with the superintendence of from two hundred to six hundred hospital patients, and from 4,000 to 8,000 dispensary patients each year, has fully occupied Dr. Whitney's time during his residence in the semi-tropical climate of China. Such an amount of work is wonderful, when one considers the intense heat prevailing in this climate from March to October.

Dr. Whitney will soon favor the FORTNIGHTLY with some facts concerning the practice of medicine in the celestial country.

DR. AUGUSTIN H. GOELET, of the New York School of Clinical Medicine, will contribute a paper on "The Ligation of the Uterine Arteries for Uterine Fibroids," early in the new year.

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The Southern Illinois Medical Society.

THE enterprise and spirit manifested in the recent meeting of this most progressive society, at Centralia, November 19–20th, places it at once as the leading district medical society in the State. We have attended the various district societies and are acquainted with the enthusiasm prevailing in each locality, but for loyality to the honored cause of medicine, for interest in the welfare of true ethics and the sacred relationship existing between brother physicians, the Southern Illinois Medical Society, is, in our opinion, most enthusiastic and the aggressive. We admire their warefare on quackery and the stand they have taken in regard to the "advertising doctor," has no uncertain sound and will go down in the history of this organization as a warning to him who would seek its membership and expect to advertise, that an inglorious dismissal awaits him. This is as it should be. Again, the social features are encourged, and if the hospitality which Centralia displayed is a sample of entertainment of members, we feel that the Southern Medical Society, is to be congratulated. Their programme was a good one, but unfortunately for the want of time was not excuted in full. The ethical questions at this meeting demanded much time but it was time well spent. Dr. John B. Hamilton of Chicago, the able editor of the Journal of the American Medical Association, presented the claims of that organization for consideration, and Dr. A. C. Corr, of Carlinville, the president of the Illinois State Medical Society came as a missionary to this meeting, with an able address to enlist enthusisam for the State society in preparation of the meeting in East St. Louis next May.

Everything considered, the meeting was a success, the attendance was good and the interest all showed in the meeting indicated commendable zeal in progression medicine in Southern Illinois. F. P. N.

Uric Acid and Chronic Urethritis.

THERE is probably no condition which the physician is called upon to treat which evokes a more hearty malediction than does gonorrhea. It is our *bete noir*, and it is not surprising that the mass of practitioners rejoice in this day of legitimate specialism, which makes it possible to eliminate this class of disorders from their lists. But there is genuine pleasure in downing a stubborn foe, and in chronic urethritis will be found an adversary which promises a most persistent resistance to your attacks. So much has been written on the treatment of urethritis in its various stages, that a repetition is unnecessary; it is my purpose rather to call attention to a complicating condition, on the relation of which to chronic urethritis little has been said.

In a rather extended practice my attention is often called to cases of urethritis which seem absolutely intractable, though treated by the most approved methods. These cases are a most interesting study; they seem unique; no other disorders follow so few of the established laws, and respond more tardily to treatment; it seems impossible that the gonococcus alone should give rise to so persistent a trouble (I refer to cases while under treatment), and I have come to believe that it is as necessary to detect and treat accompanying conditions, which may be complications, as it is to

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treat the urethritis itself. To accomplish this, that valuable little instrument, the microscope, is absolutely essential to scientific work and satisfactory results. In treating urinary disorders of all kinds the microscope is the governing wheel, regulating treatment, but it is of even greater importance as a diagnostic agent. With it you will discover that there is, perhaps, oxaluria, or you will find the urine loaded with urates and uric acid crystals. Either of these irritant conditions is of great importance, and materially affect the case at hand. His majesty, the gonococcus, has no more able allies.

I would especially direct your attention to the presence of excessive urates in the urine; this condition is so common that I have come to anticipate it in those cases which have "suffered much from many doctors," and are well-nigh hopeless. When you have detected this condition, you have made a great point; remove it, and you will find that your battle with the gonococcus is very materially simplified and productive of much more satisfactory results. Don't complain of persistence while you are ignoring the fact of urine loaded with urates; of course the urethritis is persistent, while an indirect cause, you will agree with me that it is a cause nevertheless. Continue your present treatment, making no change except the addition of antilithics, and see if it doesn't demonstrate itself.

A word as to treatment; there is nothing but simplicity in it. You will probably follow some modification of Valentine's method with the urethritis, you are probably doing that already, for we are nearing the twentieth century. In addition, I would place the patient on some good solvent water, requiring him to use it freely, even to the exclusion of all other water. For this purpose there is no water superior to the White Rock Ozonate of Lithia; it is a most delightful water, mildly diuretic and very stable in its solvent properties. Complaints from the patient that the change in treatment is inconvenient will be short-lived. these patients have, as a rule, endured enough to be thoroughly appreciative of the benefits which will not be slow in making themselves evident. The results will establish the wisdom of our treatment, for from an irritating stream, the urine is converted into a bland and soothing wash to the inflamed urethral walls, while a patient who had reached the verge of despair is converted into a hopeful man and your life-long friend.

The urethritis is still to be cured, it is still a distressing matter for both patient and physician, but it is very much less distressing than it was before we began to treat it intelligently.

A most marvelous thing it is, that physicians will persist in treating urethritis in a hap-hazard sort of a way. A discharge or shreddy urine is in a rough way, a good indication for treatment, but a most unreliable guide to treatment, your unaided eye cannot get at the inwardness of the thing. Too few doctors possess a microscope, and too many employ theirs only for office ornamentation. I wish I could say something that would make every doctor wipe the dust off his microscope and put that instrument to use. You can't do scientific work without it; your duty to your patient and to yourself demands it. Especially is it important in genito-urinary work. There shouldn't be all these chronic claps, which are to be met on every hand, they exist not because the physicians are ignorant of approved methods of treatment, but because they treat per schedule, instead of per microscope.

T. A. H.

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Quackery Again.

WE have become interested in looking up the history of quackery. It is as full of action as are Kipling's or Crane's stories. From the days of long, long ago, to the present time, the quack has been the same individual, playing his game and growing rich over the credulity of the people. Barnum was right, when he said people like to be humbugged. The quack found that out almost before history began, and since then has worked that kind of people with ease. Just stop for a moment and think of the various schemes used during the past year alone, some of which are STILL in the arena. Keely, Schlatter, Kneipp, Still and others, have each in his own quiet way played their games. Success, too, has followed them. Their followers are legion. But, oh, in their methods how like the quacks which have gone before them. Nothing new, only a revival of schemes long since forgotten. Even Still, who is being heralded as the man with power "born of God," is late in his *new science*.

History says Carlins Aurelianus anticipated Still by several centuries, for we read that his "manual friction, limb manipulation and resetting of bones" was a decided suceess in the cure of the incurable diseases. In his own words, we find the very foundation of osteopathy, viz.: "We may cure by the very act of holding the limb." All the patient has to do is to furnish the limb and the money to pay for the holding.

Have you ever noticed that sentiment is the real agent with which the people are caught. It has been justly said, that "sentiment is the weapon of the demagogue." So it is of the quack, he works the good people with his gush, his appeal to sympathy, to admiration of the wondrous, and then like the sneak-thief in Greek comedy, who enlists the interest of the butcher in the glories of the day, calls his attention to the foliage, the birds in the trees, etc., and while the butcher is looking for the birds the thief steals the sausage. So it is with the quack, he cures some simple minded individual, gets him to writing poetry, or testimonials, enlisting the interest of friends, etc; their friends have friends, and like the endless chain postage stamp scheme, there is no end of its limitations. Such an audience of sentimentalists instead of quoting poetry, writing it, etc., looking for the signs and wonders of the prophet, as they did in days of old (see Deuteronomy), should look into the true science of medicine, its history, its powers, and then they would find that Still and his clan are short on sense, and long on nonsense. Short on history and long on bluff, gusto sentiment. Simply because a few men supposed to have sense, such as clergymen, who have no more knowledge of medicine than Bob Burdette's dog, or a few fellows who sign themselves M. D., write such shallow testimonials as did our much venerated Rip Van Winkle Smith in a recent number of the *Journal of Osteopathy*, is no reason that osteopathy or Still is to be trusted. Because a man signs M. D. after his name does not make him a scientific man any more than painting a wooden image to look like an Indian, makes it a mighty warrior.

It is a pity that the laity can't undrstand this. They never will, but will go on contributing their money to these benevolent quacks, who, like Still, are so kind, that they would ply their trade even where the State law

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says they cannot, and the good, innocent laity, persuaded by Still, think such class discrimination an outrage, and forthwith want to see our State laws governing the practice of medicine repealed.

It may be unkind of the FORTNIGHTLY to keep harping on this old theme; we have been recently so informed in an anonymous epistle, full of sentiment and poetry, warning us that our harsh words will come back to us, that we will reap what we sow. The writer of this letter was evidently in earnest, but is deluded; some day when the truth dawns they will feel that the FORTNIGHTLY was enlisted in a good cause. We will keep our guns turned on the enemy of quackery wherever we find it, and as osteopathy is the greatest blot which the fair name of Missouri ever had upon it, we feel it is our duty to help clean it off. We expect to let every member of the profession in Missouri and Illinois know that "the obscure sheet" is fighting for a clean profession, for honest practice, and the suppression of quackery. It will be on hand, too, when the legislatures meet, and Still & Co. will have us to rub up against. F. P. N.

The Doctor and His Journals.

THE editorial in a recent issue of THE MEDICAL FORTNIGHTLY on "The Doctor and His Journals," has created considerable interest among our subscribers, and a number of letters have been received, asking for a list of journals, which in our judgment would constitute the best collection for a general practitioner. It is a difficult matter to name a list of the best journals when confined to a limited number, and especially as there are so many excellent periodicals for the physician at the present day. The matter we referred to an old practitioner for his decision, telling him that our subscribers wished a list of ten medical journals best suited to the wants of the general practitioner.

The following is a list he selected. If any of our readers can select a better one, we should like to hear from them:

Medical Record,
THE MEDICAL FORTNIGHTLY,
University Medical Magazine,
Therapeutic Gazette,
Archives of Pediatrics,
Annals of Hygiene,
The Laryngoscope,
Annals of Surgery,
Archives of Gynecology,
Philadelphia Polyclinic.

TETANUS ANTITOXIN.—Hon. Frank H. Mason, U. S. Consul-General at Frankfort, has forwarded to the State Department an interesting report on "Tetanus Antitoxin," which will be found on another page. The FORTNIGHTLY is the first magazine to present the report to the profession of this country.

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The American Medical Journalist:

MEDICAL JOURNALISM has made decided progress during the past decade. It is now a distinct department of journalism, demanding for its success the recognition of features peculiar to itself, viz., attention to the great progress which the science and art of medicine is making, and the supervision of all that pertains to the ethical welfare of the profession. The medical editor's duty is not done when he simply records progress, for there is a moral responsibility that goes with his position, which he cannot ignore. An editor is, or should be, a critic of morals, not in the sense of the clergyman, yet he should look at ethical questions from a more than a mere perfunctory standpoint; he should fearlessly attack that which is opposed to professional power, influence and wholesome medical refinement, remembering that medicine as a profession should be worthy—not simply respectable. The editor who is broad enough to look frankly upon the needs of his profession without becoming personal in his aims at correction, and who is willing himself to bear criticism cheerfully, will succeed.

It is to cultivate the editor's position, define his duties, enlarge his scope, that the *American Medical Journalist* has been inaugurated. It will also bring into more harmonious relationship the advertiser with the editor, thus showing the dependence of the one upon the other. Further, the business managers will have an opportunity to fraternize and make concerted action towards eliminating the discordant element existing between editors and the man whose efforts are most necessary to make the journal a success.

We bid *The American Medical Journalist* a hearty welcome, and feel assured that it will be a decided success, because it will be the only occupant of a field which needs cultivation. Such a journal will be an influence, if journalists will recognize that they as individuals live not for themselves alone, but that all are parts of one stupendous whole, of which the welfare of medicine is the heart, and the physician the soul.

The Journalist is edited by Charles Wood Fassett, Secretary of the American Medical Publishers' Association. Subscription, one dollar per year.

WE are promised a paper to appear about February from one of New York's prominent surgeons, Dr. Carl Beck, who is now engaged in preparing for the press a work on operative surgery. Dr. Beck needs no introduction from our hands, as his literary and scientific work in surgery are well known to the profession.

WESTERN OPHTHALMOLOGICAL, OTOLOGICAL, LARYNGOLOCIAL AND RHINOLOGICAL ASSOCIATION.—This society meets in St. Louis, Mo., first Thursday and Friday April, 1897. Physicians desiring to read papers are urged to send subject to secretary soon. Programs will be mailed February 1st, the profession cordially invited to attend. The Railway Association will give us 1⅓ fare on the usual certificate plan.

HAL FOSTER, Sec'y, Kansas City, Mo.

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Original Department.

PAPERS for the Original department should be in hand one month in advance, and contributed to THE MEDICAL FORTNIGHTLY exclusively. A liberal number of extra copies will be furnished authors, and reprints may be obtained at reasonable rates, if request accompanies the manuscript. Engravings from photographs furnished free.

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Exophthalmic Goitre; Basedow's or Graves' Disease.

BY J. W. NEWCOMER, M. D.,

PETERSBURG, ILL.

A DISEASE has been described under these different names, which has its principal characteristics, palpitation of the heart, rapid pulse, prominence of the eyes and enlargement of the thyroid gland. It is probable that the disease has been recognized for a century, but Graves and Basedow first accurately defined and described it.

SYMPTOMS.

Generally the first symptoms that attract attention are the disturbed action of the heart, palpitation, shortness of breath, sometimes causing great distress, nervousness, insomnia and tremor. The pulse becomes rapid, reaching 100, 150, and even 200 beats per minute.

The disturbance of the heart seems to be primarily functional, but in long continued cases dilatation and hypertrophy may supervene. Enlargement of the thyroid gland is usually in the order of occurrence, the second most prominent symptom noticed, and comes on after the cardiac symptoms have lasted several weeks or months. The gland is at first soft and compressible, but later a true hyperplasia takes place. The vessels of the thyroid are dilated, and tortuous, and pulsation and thrill are often present. The entire gland is generally enlarged, but in some cases only a single lobe is affected. Soon after, or simultaneously with the enlargement of the thyroid exophthalmus makes its appearance. Both eyes are affected. Unilateral exophthalmus has been described, but there may be some doubt as to the correctness of the diagnosis in these cases.

With the prominence of the eyes there are two, lid symptoms described by Stellway and Graefe, as characteristic of the disease. The former being a retraction of the upper lid, so as to uncover the globe, and the latter an inability of the lid to follow the ball of the eye when it is rolled downward. Graefe considered that a diagnosis could be made in some cases, occurring in women, from this symptom and the cardiac symptoms alone.

Sharkey has, however, recently found Graefe's lid symptom in 12 out of 613 patients of all kinds, and found that people in health could not infrequently cause it by staring. The eyes, unprotected by the lids, suffer nutritive changes, and the sight is frequently impaired by disease of the cornea. These three cardinal symptoms, the rapid action of the heart, enlargement of the thyroid gland and exophthalmus, may not all be present, or may not occur in the usual and regular order.

Bulging of the eyes is occasionally the symptom, or may precede the thyroid affection or be entirely wanting. The thyroid enlargement sometimes occurs before the cardiac trouble, and occasionally the symptom is

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not present. The cardiac and vascular disturbances are always found, indeed are essential features of the disease. Throbbings of the carotid and thyroid, and in some cases of the distant and smaller arteries, even pulsations of the liver and retina have been observed. Elevations of the temperature, and a burning feeling over the entire body, and sweating at times unilateral, may be present. The general nervous manifestations—restlessness, headache, uncomfortable feelings in the head and want of sleep, are distressing. The appetite fails, and the patient becomes weak and anemic. Sudden attacks of diarrhœa, diabetes, menstrual disturbances, hysteria, epilepsy, insanity, and other nervous diseases are among the rarer complications met with.

CAUSES AND PATHOLOGY.

Age seems to have some influence as a predisposing cause of the disease. It usually occurs in early adult or middle life, less frequently in childhood or advanced age, Organic disease of the heart, or ordinary goitre, do not predispose to the affection. There does not appear to be an unusual prevalence of Basedow's disease in localities, where goitre is endemic. The disease is not hereditary. The neurotic are more liable to an attack than those of a more stable nervous organization. The origin of cases has been attributed to fright, nervous excitement, depressing emotions and great nervous strain.

Basedow's disease has been generally classed with the disease of the nervous system. It has been called a pons-medulla neurosis, also a vasomotor neurosis. Dana, in his work on nervous disease, says, "The disease may be regarded as a neurasthenic or atonic condition of the vasomotor centers and of the great visceral nerves, the vagus and spinal accessory. All the symptoms may be explained on the theory of a vaso-motor and cardio-inhibitory paresis."

Others explain the symptomatic manifestrtions by an intoxication of the nervous centers, by products of the thyroid gland. Boinet and Lilbert found three principal varieties of ptomaines in the urine of a case of exophthalmic goitre. One possesses a convulsive action, also slows the heart, weakens the systole, causes arythmia, increase of the diastole and arrest of the heart in diastole.

Another causes a primary increase in systolic energy, then enfeeblement of the heart beats and arrest of the heart in diastole.

Most of these ptomaines are convulsives and soon arrest the heart in systole. These experiments are interesting, but not conclusive. We must remember that Bouchard in his work on auto-intoxication has described the effects of the most deadly ptomaines that he found in the urine of healthy persons. These analyses and experiments indicate the line along which future workers may achieve great results.

A large number of observations on cases in health and in various diseases, as well as the disease now under consideration, will be necessary before any positive conclusion can be reached. Lesions of various kinds have been found in different parts of the nervous system. Hemorrhages in the medulla, in the region of the vagus and hyphoglossus, changes in the olivary bodies, dilatation of the vessels of the cervical cord, degenerations

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of the splanchnics and cervical sympathetics, changes of lower cervical and absence of second cervical ganglion. There is no uniformity in the character or location of the changes found, and in some cases no apparent lesions have been discovered in the nervous system.

The course of the disease is occasionally acute and rapidly fatal, but the usual history is that of a chronic disease, lasting for several years. The condition of the patient may improve and the case go on to ultimate recovery, or become stationary in its course, or become slowly worse, and nutrition failing, the unfortunate sufferer may succumb to exhaustion or an intercurrent disease.

DIAGNOSIS.

In a typical case the rapid pulse, excited heart's action, enlarged thyroid and prominent eye-balls, with tremors and sweating, could scarcely be mistaken for anything else. Even if some of the usual symptoms are absent, by exclusion we could generally arrive at a correct diagnosis.

PROGNOSIS.

The prognosis will depend on the course of the disease, the severity of the symptoms and the vital resistance of the patient. In the acute cases, when the symptoms begin rapidly to develop, the prognosis would be correspondingly bad; on the other hand, where the case develops slowly, and the symptoms are milder and more readily amenable to treatment the prognosis would be more favorable. It is claimed that about twenty per cent. recover.

TREATMENT.

The treatment of this disease, like most others, must be symptomatic. Rest in bed for a protracted period must be enforced. The mind as well as the body must be rested. All worry and business anxiety should be put aside. Electricity, in its different forms, as galvanism, Faradism, or static electricity. has been used. Most writers favor the galvanic current, applying the positive pole over the cervical spine, and the negative beneath the ear, over the thyroid gland and the cardiac region. Charcot advises the application of ice bags to the region of the heart. Digitalis and shophantus are indicated for the cardiac symptoms, which are generally atonic. A few have advised the use of aconite and veratrum viride, but I think neither would be as well borne as the two former.

Belladonna to the point of toleration, has been suggested. As anemia is either present, or soon comes on, iron is well borne. I should be inclined to favor the use of nux vomica and phosphorus as among our best nerve tonics. The bromides are valuable in the erratic nervous manifestations. The iodides, arsenic and other so-called alteratives have been used. Rockwell, of New York City, recommends, in addition to the galvanic current, the following prescription:

℞ Pyrophosphate iron.....
Bromide zinc.....aa ʒj
Tinct. digitalis.....ʒv
T. ext. ergot.....ʒjv

M. Sig.: One teaspoonful three times a day.

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Operative treatment has been tried. Removal of a portion of the thyroid gland has resulted in a cure in a few recent cases, still I think it is not well established practice.

Brobone reports two cases of exophthalmic goitre with concurrent hypertrophic rhinitis. Cauterization of the hypertrophic parts is said to have entirely cured one case, both of the exophthalmus and the general symptoms, while the symptoms of the other were greatly ameliorated.

Sepha states that the use of the thyroid extracts and raw thyroid glands has been unsuccessful. In a case of his, the subjective symptoms increased so much that it had to be discontinued.

Prof. Wilson in the clinic of the Jefferson Medical College, last year, presented a patient in whom all the symptoms were greatly ameliorated by a shut-in treatment, consisting of the use of the thyroid extract and rest. He stated that he showed the case as a contrast to the unfavorable reports of which he had been reading, and thought the remedy deserved a trial in all cases.

INDEX TO VOLS. IX AND X is in preparation, and will be furnished to subscribers with the first issue of January, 1897.

AMONG some very scientific and interesting papers to be published soon is one by Dr. Waldo Briggs, "Surgical Treatment of Diseases and Injuries of the Stomach."

THE Honorary Degree of M. A. O. has been conferred upon Dr. Thomas More Madden, the noted obstetrician and gynecologist of Dublin, by the Royal University of Ireland.

The Cleveland Medical Gazette appears in a new dress—the "chemical columns of yore"—indicative of the classic contents of this valuable journal. We notice it is now owned by a company of physicians, and the business management is in the hands of Dr. Frederick K. Smith, Dr. S. W. Kelley is retained as editor, and we congratulate the new company on its choice.

THE JOURNAL OF THE AMERICAN MEDICAL ASSOCIATION.—The attention of prospective subscribers and to those who have not yet renewed, is called to the offer which appears in our advertising pages of our club rate with the *Journal of the American Medical Association*. This is an exceptional opportunity to become a subscriber to this most excellent journal. In fact we think one who is interested in progressive medicine, in wise and timely advocacy of reforms and in the best interests of local, State and National medical society work, needs this journal. It is an excellent running mate to the MEDICAL FORTNIGHTLY, as both journals are fearless in their defense of the rights of true medicine. THE MEDICAL FORTNIGHTLY is pleased to recommend to its readers the able, well edited and broad in policy, *Journal of the American Medical Association*, and we hope many will avail themselves of this offer.

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The Medical Fortnightly

The Early Stage of Paretic Dementia.

BY FRANK C. HOYT, M. D.,

Superintendent Iowa Hospital for the Insane at Clarinda, Iowa.

Read before the Southwestern Medical Society, at Corning, Ia., August 20, 1896.

GENTLEMEN :— I take this opportunity to present for your consideration, a short paper on "The Early Stage of Paretic Dementia," or as it is more commonly known, "General Paresis of the Insane." This disease is of interest and importance to the general practitioner, because of its frequency and grave prognosis. It is of still greater interest to the neuropathologist, because of its richness in pathological changes, and that it is one form of insanity which presents unmistakable pathognomic lesions, both macroscopic and microscopic. I know of no other form of insanity, in which the diagnosis can be so positively made by the post-mortem findings, as in this. The pathology of the disease is, as would be inferred, comparatively well established. It is essentially a general meningo-encephalitis, associated with constant and decided vaso-motor disturbances of a neuroparalytic character. Atrophy of the white matter is almost constantly observed, and is due to a diffuse interstitial encephalitis. The vascular changes are as important as constant. The vessels of the pia-mater and cortex being tortuous, looped, varicose, their walls thinned, and the perivascular lymph spaces enlarged and distended with exudation. The membranes themselves are very much changed, being injected, infiltrated, thickened and opaque. The condition known as Pachymeningitis hæmorrhagica interna chronica, is frequently met with in autopsies on advanced cases of general paresis. It was my good fortune to be so situated that I could study a considerable number of cases having this affection, and I carried on a series of investigations covering a period of several years. My observations led me to believe that internal hemorrhagic pachymeningitis is not an inflammation *ab initio*, but was primarily a hemorrhage into the sub-dural space, due to rupture of vessels in the pia-arachnoid; these vessels being rendered weak and unable to withstand the varying intra-cranial blood-pressure, by a disturbance of the vaso-motor centers, resulting in trophic changes in the vessel walls. This subject is treated at length in Dercum's work on "Diseases of the Nervous System," where the results of my investigations are recorded. The etiology of general paresis is so interesting that it deserves more than passing notice. It is generally conceded by authorities that syphilis is a potent factor in the production of this disease. Mendel claims that seventy-five per cent of his cases of general paralysis had a distinct history of syphilis. Other writers, while they do not find so large a proportion, yet find statistics pointing conclusively to the causal relation between syphilis, and this disease. Yet it must be remembered, that general paresis is not merely a tertiary lesion of syphilis, and that it is an admitted fact, that in such cases not the slightest beneficial results are obtained by any method of anti-syphilitic treatment. While the exact influence of syphilis is not known, yet it seems more than probable, that it

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has some special effect upon the vaso-motor centers, with the result, that there is lighted up, a chronic inflammatory process of an angio-paralytic nature, which in turn causes a progressive deterioration of the brain.

While it is true that general paresis occurs frequently in families tainted with insanity, epilepsy, apoplexy, etc., yet many cases occur, in which there is no neuro-pathic diathesis, showing that this form of insanity, least of all, bears a marked relation to heredity. It occurs most frequently in men, and seems to have a decided preference for the stronger, finer specimens of manhood, in the prime of life. It studiously avoids the puny, weak, or mentally deficient members of the human family, passes by the very young and the aged, to seize upon the very "flower of the flock." It is essentially a disease which is intimately associated with the vices and strain of advanced civilization, preferring the man of affairs to the humbler citizen. Over-work, great and long continued mental strain, specialized occupations involving great responsibilities, high living, intemperance, late hours, sexual excesses, etc., are the habits of life which produce general paresis. We find that the bulk of our patients come from the lawyers, editors, physicians, actors, brokers, bankers, speculators, railroad magnates, merchants and politicians.

The diagnosis in the later stages is not at all difficult, but in the early or prodromal stage, it requires experience and close observation to differentiate this disease from other organic and functional nervous troubles. If we adopt the theory of Meynert, and I am inclined to do so, that preceding and causing the diffuse cortical inflammation, there is a functional vaso-motor disorder which is curable, it is most important that the diagnosis be made early. The earliest symptoms of general paresis, are those which come from the functional vaso-motor irregularities, and are indicative of the very slightest degree of brain failure.

To properly study a case in this stage will require intelligent observation of the patient, methodical analysis of his mental processes, and careful cross-examination of his friends and business associates. The first symptoms affect the higher mental processes, and are more easily detected in proportion to the degree of culture attained by the patient.

An expert musician, a violinist in particular, will exhibit the symptoms of incipient general paresis more quickly than those whose occupations do not involve such delicate physical and psychical action. An excellent example of this fact is furnished by a man who came under my care, upon the supposition that he was an alcoholic case. He was a fine violinist, but was addicted to the use of liquor to excess, being committed after a prolonged spree. After a fortnight of rest and treatment, he seemed to be entirely well, and it was my intention to discharge him in a few weeks. Upon his request he was permitted to join the orchestra. After the first rehearsal our leader called my attention to the fact that his playing was inaccurate and faulty in both tempo and execution. He was then given repeated trials, and the leader's opinion was confirmed. No other positive symptoms of general paresis were discernible, but on this alone he was detained for further observation. In a month's time he had other symptoms, such as fibrillar tremor of tongue, dizziness, faintness and periods of mental

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confusion. His case progressed rapidly, and in eighteen months he died, having run a typical course of paretic dementia. Another case was that of a learned man who was regarded as an unusually competent instructor in higher mathematics. The first symptoms in his case were noticed by himself. He found that his mind was more sluggish, and that he failed to elucidate complex problems. Later he lost the ability to recognize his errors, and would stubbornly maintain that his solution was correct, even though plainly absurd. This mental failure grew more and more pronounced, and he finally came to the hospital, where he died a year later. The symptoms of general paresis are usually divided into three classes, viz., the vaso-motor, mental and physical. In the stage of the disease under consideration, the mental and physical symptoms are very slight, if noticeable at all, the phenomena observed being due principally to the vaso-motor disturbances. The prodomal symptoms grouped in a general way, are, failure of the higher brain centers, indifference and negligence of duties formerly performed in a faultless manner; an inability to take up new lines of thought; lack of the power of concentration, reflection and judgment; unusual fatigue after mental labor; intensified emotions; blunting of the normal affections; a marked change in the moral tone of the patient, and an unwonted irritability and intolerance. Many of these symptoms are often noticed first by the members of the family or his business associates, without their dangerous import being appreciated. The friend will say that the patient is "so changed," that "he is not himself," and yet be able to give no definite reason for forming such an opinion. One of the most important early symptoms, is the impairment of the moral sense. Frequently a man of extraordinary probity will begin to exhibit looseness in his business transactions, and will be caught in some dishonest act, which is totally foreign to his former life. A man of good morals neglects his family and becomes involved in an intrigue with his servant girl. A minister of the gospel will disgrace his pulpit and himself, by eloping with some wayward woman, and when caught shows little conception of the enormity of his acts. Such examples as these, though not always significant of beginning mental break-down, should always excite suspicion, and lead to a careful observation of the individual. Many instances can be recalled in which good men, suffering from the early stage of general paresis, have been disgraced, degraded and ostracised, by friends and family, when they deserved instead, fostering care and treatment. The patient sometimes exhibits slight, transitory loss of memory, and mental confusion. Not infrequently will an unusual tendency to lapsus lingui and mild paraphasia be observed. The delusions of grandeur so generally present in the well developed case, can seldom be observed in the stage under consideration.

However, if one studies his cases closely, it is often possible to detect in the patient's manner, the germ of a grand delusion. For example, the patient will defend his violin playing, in a positive manner, and if argued with, will display a degree of egotism and self-confidence, which in a later stage, would develop into well formed delusions of grandeur. Often the patient will object to the examination, and will protest that he is perfectly well, resenting with anger any suggestion that he is ill. At this period the

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motor symptoms are not developed to an appreciable extent. The patient will sometimes notice a change in his ability to go up and down steps and may exhibit a slight fibrillar tremor of the tongue.

Patients who are engaged in delicate mechanical work, such as engravers, jewelers, artists, etc., will show a deterioration in skill and clumsiness of movement which would not be observed in coarser lines of work. The first motor symptoms being dependent upon vaso-motor changes are necessarily ephemeral, later, when structural changes have taken place in the cerebral tissues and vessels the symptoms become more constant. One of the most important distinguishing features of this stage, as pointed out by Folsom, is the fact that the mental and physical deterioration are symmetrical, in factthis is one of the most important points in differentiating between neurasthenia and this condition. While the prognosis of general paresis is so unfavorable that many authors assert that no cases recover, yet there are ample grounds for the belief, that early diagnosis, followed by proper care and treatment, may stay the progress of the disease. Patients are invariably brought to hospitals for the insane so late that no hope of benefit can be given. The physician and friends are too often deceived by the improvement which is obtained by a period of rest, and permit the patient to resume his business, thus making certain the impending mental overthrow. The regimen best calculated to arrest the disease in its incipiency, may be briefly outlined as follows:

Absolute mental and physical rest, withdrawal from business and society, change of climate and surroundings, and such reconstructive treatment as may be indicated. Probably nothing is more important in this condition than an abundance of sleep, and if this is not obtained naturally, it should be induced by the administration of mild hypnotics such as chloralamid, sulfonal and paraldehyd. On the other hand I wish to warn you particularly against the very common practice of travelling with such patients. One of the first steps usually taken in the management of such cases is to take them on long journeys, invariably augmenting the trouble by substituting an exhausting, stimulating life, where all should be restful. The patient should religiously avoid tobacco, alcohol, high living and all forms of self-indulgence, and if he would escape the sad condition of the general paretic and the early death which awaits him, he must sacrifice his business interests, give up ambition and devote himself to regaining his health. After a long period of rest and recuperation he may safely engage in some occupation which carries with it no responsibility, and no considerable amount of mental application. By so doing he may live a fairly useful life, and be as happy as if he were still in the whirl and noise of an active business career.

Frank C. Hoyt.

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PHILADELPHIA LETTER

Philadelphia is unsurpassed in its clinical advantages. Wednesday and Saturday are the clinic days, and the ambitious student is confronted with such a mass of good things, that he feels like the poor donkey, who was starving amidst plenty.

There are free clinics at the Pennsylvania Hospital, Philadelphia Hospital, German and Children's, all about the same time. Then each college holds its own principal clinics on these days, which students do not care to miss.

At the Pennsylvania, DaCosta showed recently a case of emphysema, and recommended iodid of ammon. in ten grain doses. He also showed a case of malarial fever co-existing with typhoid. The blood examination revealed the presence of brown pigmented corpuscles with much pigment in the white corpuscles. The malarial fever was of the tertian variety. Since admission no chill, but all the symptoms of typhoid. The treatment consisted in the Brand method of bathing. Quinine in five-grain doses twice daily. The blood examination in this case shows that the old view of the co-existence of the two diseases were probably both contracted at the same time, but the one does not arise out of the other.

At the German Hospital Wolff showed some cases of jaundice—one malignant, the other catarrhal—and dwelt on their distinguishing features. He stated that in giving sodium sulphate it is best always to combine it with bicarbonate of sodium so as to be sure to have an alkaline salt. The former salt is often acid in reaction.

Deaver's clinic is from 12 to 4, and he has always a number of operations. Recently he operated on a pelvic abscess (abdominal section). Radical cure for hydrocele, lacerated cervix, epithelium of vulva, necrosis of tibia and excision of inguinal glands.

The new method of diagnosis of typhoid fever is being tested in our city by a number of individual observers, our Board of Health not caring to introduce the plan until New York is through with its experiment. There has been considerable rupture in the bacteriological department, ending in the resignation of the chief, Dr. Bolton. Our Board of Health is practically composed of laymen and some commercial disinfectant, for which they desired Bolton's recommendation, was the cause of all the trouble. The work of the laboratory is not satisfactory in many ways, and some of the best practitioners decline to make use of its services. Diphtheria cases are reported now only when death is feared, and, of course in this chaotic state of affairs the law-abiding physician suffers. His cases are closely guarded, while neighbor Dr. Jones treats diphtheria without the use of the placard.

The Mütter lectures on Surgical Pathology (ten in number) will be given this year by Dr. Oscar H. Allis. Dr. Allis is a very painstaking and inventive surgeon, and the subjects for his lectures, namely, "Dislocation of the Major Joints," is one to which he has devoted considerable attention. Men like Allis, McClellan, Barton, Hearn and Mears, though not *honored* (*?*) with the title of professor, have done more for surgery in this city than a host of others that I could name, who are styled so. The people among whom I live, mostly foreigners, will gladly pay a *professor* twice as large a fee as an untitled doctor, perhaps this accounts for the great increase in the former breed.

M. V. BALL.

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The Reviewer's Table.

Books, pamphlets, instruments, etc., for this department, should be sent to the Managing Editor, Saint Louis.

A TREATISE ON OBSTETRICS FOR STUDENTS AND PRACTITIONERS. By EDWARD P. DAVIS, A. M., M. D., Professor of Obstetrics and Diseases of Infancy, in the Philadelphia Polyclinic; Clinical Professor of Obstetrics in the Jefferson Medical College of Philadelphia. One octavo volume of 553 pages, illustrated with 217 engravings and 30 plates in colors and monochromes. Philadelphia and New York: Lea Brothers & Co., 1896.

OBSTETRICS as taught by Davis is a fascinating science and art, this magnificent volume before us represents the latest accepted views on this subject. To those who have listened to the lucid clinical lectures of Prof. Davis, this book will be doubly appreciated, because the detail of information here recited is enhanced by having seen the author practically apply this information. It is arranged in seven sections: Pregnancy and Labor; Pathology of Labor; Obstetrical operations; Abortion, extra-uterine pregnancy and the puerperal state; Infancy in Health and Disease; the Diseases of Infancy, and the Jurisprudence of Obstetrics, making in all a complete volume, concise, yet elaborate when necessary. Pelvimetry has received much attention; this chapter is especially valuable to beginners in obstetrics. The chapter on the conduct of normal labor is also very valuable and worthy of close study. Infection has been thoroughly studied, as has also abortion, extra-uterine pregnancy and the puerperal state. The addition to a work on obstetrics, of chapters on the infant in health and disease is commendable, and as Prof. Davis is especially thorough in his teachings of pediatrics, these chapters to the tyro in practice will be alone worth many times the price of the book, while the established physician will find them valuable as reference. Taking it as a whole, this book is an unusually thorough, scientific and honest elaboration of the science and art of obstetrics, and is a great credit to its talented author and to the book makers, Messrs. Lea Brothers, who have lavished their skill in making it.

F. P. N.

PRACTICAL NOTES ON URINARY ANALYSIS. By W. B. CANFIELD, A. M., M. D., Baltimore. Second edition. Detroit, Mich.: Geo. S. Davis, 1896. The Physician's Leisure Library. pp. 106. Paper, 15 cents.

DR. CANFIELD is the well known editor of the truly scientific and up-to-date *Maryland Medical Journal*. We would expect, therefore, from his pen an accurate, well arranged and concise statement of the essentials of urinary analysis. We have not been disappointed. He first discusses the general character of urine, then its normal constituents, followed by abnormal constituents. Sediment, the urine in disease and reagents, and apparatus and an order of analysis. It is full of practical facts important in the study of clinical diagnosis. Considering the utter disregard given to urinary analysis by many physicians and the lack of thorough technique of analysis by many others, such a book will be of unestimable value in giving method and thoroughness to all who use it, and we believe every practitioner should have a copy.

F. P. N.

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THE new edition of Gray's Anatomy is the embodiment of all that we were lead to expect from the recent announcement. Gray's Anatomy continues without a peer. The history of nearly forty years' supremacy is certainly enviable and envied. The present edition is the first revision made exclusively by American anatomists. There has been effected not only a revision of the work as a whole, but also entire changes in certain departments in which investigation has been especially active during recent years. The sections which have been rewritten are those on the Brain, the Teeth, and the Abdominal Viscera, exclusive of the Genito-Urinary Tract, while those on Histology and Development—a feature peculiar to Gray, and of obvious value—have been remodeled.

ANATOMY, DESCRIPTIVE AND SURGICAL. By HENRY GRAY, F. R. S., Lecturer at St. George's Hospital, London. New and thoroughly revised American edition, much enlarged in text, and in engravimgs both colored and black. In one imperial octavo volume of 1239 pages, with 772 large and elaborate engravings on wood. Price of edition with illustrations in colors: Cloth, $7.00; leather, $8.00. Price of edition with illustrations in black: Cloth, $6.00. Philadelphia and New York: Lea Brothers & Co., Publishers, 1896.

The splendid series of illustrations which have always distinguished Gray, has been enriched in this new edition by no less than one hundred and thirty-five additional engravings. The illustrations have long been known as the most effective and intelligible presentation of anatomical structures, and in the present issue this supremacy is fully maintained.

The practical facts in medicine and surgery has always been a prominent feature of the work, and this distinctive characteristic has again received the especial care of the editors. Such a magnificent work it is, that its continued supremacy is a foregone conclusion.

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IN teaching physical diagnosis we found the need of a manual, concise, explicit with facts in such shape as to be easily accessible to the student. Several such works exist, but after examining thoroughly this book of Corwin's, we believe it meets the demand better than any we have ever seen. We take pleasure in commending it to students and teachers, and to physicians who need a small reference work. F. P. N.

ESSENTIALS OF PHYSICAL DIAGNOSIS OF THE THORAX. By ARTHUR M. CORWIN, A.M., M.D., Demonstrator of Physical Diagnosis in Rush Medical College, Attending Physician to the Central Free Dispensary, Department of Rhinology, Laryngology and Diseases of the Chest. Published by W. B. Saunders, Philadelphia. Price $1.25 net.

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THE improvements made in this list for 1896 seem to have met with very general approbation, as a result, the sales increased more than ten per cent over those of 1895. Several minor changes have been made for the coming year, viz.: The right hand red line on the left hand page has been moved one-eighth of an inch to the left; four blank pages have been added to the general memoranda, and twelve pages to the cash account, and at the suggestion of the leather workers, they have strengthened the covers very materially. The book is one every physician should have.

THE PHYSICIAN'S VISITING LIST FOR 1897. P. Blakiston, Son & Co., Philadelphia.

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Favorite Prescriptions

Myalgia.—In addition to massage, which he always considers good practice, Dr. Hare (*Dunglinson's C. & C. Record*) recommends the following, well rubbed in:

℞ Tinct. belladonnæ 3j
Tinct. aconiti 3ij
Tinct. opii 3ij
Liniment. saponis ..... q. s. ad ℥vj
M. Sig.: Poison. To be used externally only.

For Ringworm of the Scalp.—Dr. Wolff, of Atlanta (*New York Medical Record*) recommends the following rubbed in twice a day:

℞ Chrysarobin ..... parts, 5
Salicyl, acid ..... " 2
Ichthyol ..... " 5
Vaseline ..... " 88
M. ft. ung.

This must be persistent in for several weeks, then followed by

℞ Powdered zinc oxide ..... parts 6
Precipitated sulphur ..... " 4
Silicated earth ..... " 2
Benzoated lard ..... " 28
M. ft. ungt.

Marsden's Cancer Paste.—According to the *Medical Times* the following is the formula for Marsden's cancer paste:

℞ Arsenious acid 3ij
Gum arabic 3i
Cocaine muriate ..... gr. xviii

This powder should be made into paste by adding water when it is to be used; and the paste should be of the consistency of rich cream, and applied to the wound on a small piece of gauze, and left from eighteen to thirty-six hours. This can be repeated as often as necessary. The above is the formula for the stronger paste. In the weaker one, only one drachm of arsenious acid is used, and twelve grains of cocaine.

Senile Cystitis.—

℞ Fld. ext. hydrang 3ij
Tr. gent. comp 3iv
Tr. staphisagris 3i
Tr. cannab. ind 3i
Syr. aurant cort ..... q. s. ad ℥iv
M. S.: A teaspoonful three times daily.

The above formula will give most gratifying results in this distressing disorder. In several most obstinate cases in my practice it seems to have effected a cure, being assisted only by a restriction of drinking water, White Rock ozonate of lithia alone being allowed. The urinary organs seem in each case to have returned to a normal and healthy condition.

HOPKINS.

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Reports on Progress.

COMPRISING THE REGULAR CONTRIBUTIONS OF THE FORTNIGHTLY DEPARTMENT STAFF.

Genito-Urinary Surgery and Venereal Diseases

BY BRANSFORD LEWIS, M. D.,
ASSISTED BY
DR. G. W. TURNER and RUTHERFORD GRADWOHL,
ST. LOUIS, MO.

CANCER OF THE PROSTATE.

(Guepin. Presse Medicale-Revue de Med. et de Chirurgie. Translated from the French by Rutherford Gradwohl.)

The curative surgical treatment of cancer of the prostate has not yet been determined, the two principal reasons for which are: The difficulty of a correct diagnosis, at first, and the uselessness of active intervention when it is too late, when diffusions are already present. Only a purely symptomatic treatment can be of use. Without being able to conjecture the importance of an early diagnosis, from a point of view of curative intervention, there would still be an advantage in being able to make a diagnosis in the early stages of the malady; it is from this point of view that Guepin's work derives its importance, throwing, as it does, new light upon the subject. Tumors of the prostate usually take their point of inception in the glands, presumably remaining localized at that place for some time, giving rise to phenomena of stagnation and retention of the secretions in the glandular cavities, or to other symptoms, resembling those presented by senile, hypertrophied prostate; these sypmtoms later are noticeable in the ganglia and the neighboring regions. It is a question of prime importance to be able to recognize these inceptive prostatic neoplasms in old men with enlarged prostate glands. The method to pursue, as first pointed out by Guepin, after obtaining the objective and the subjective signs of hypertrophied prostate, is given in the author's own words: "To my mind, a presumed sign of the existence of a cancer in old men affected with stagnation of urine and elevation of the vesical neck is the presence, in one of the prostatic lobes of a nucleus, giving, by digital sensation, the impression of a hard cyst, remaining so after the treatment and cure of the stagnant secretions and the congested organ."

URETHROCELE IN A WOMAN.

(Routier. Med. Moderne-Revue Int. de Med. et de Chir. Translated by Rutherford Gradwohl.)

In connection with the cases of two women upon whom the author operated for urethocele, with incision, excision, curettement of the pouch, cauterization with zinc chloride, and suture, it might be well to give some of the particulars of this operation. L. Tait thinks it is a congenital affection, Priestly judges it to be vaginal cyst opening upon the uretha; Duplay has noted cases in which the lesions are produced upon the interior wall of the uretha by the pressure of the foetal head during pregnancy. According to other authors, Martineau, Terrillon, Augagneur, Cordamin, these lesions are the remains of glandular abscesses produced by gonorrhea. In these two particular cases which the author reports he thinks, by reason of the cystic appearance of the lesions, that these were congenital affections, and, consequently, the theory of L. Tait is the most reasonable of any.

MIXED URINARY INFECTION—PRESENCE OF BACILLI PYOCYANEI IN THE URINE.

(LeNoir. Soc. de Biologie. Translated by Rutherford Gradwohl.)

The author reports the case of a male patient upon whom lithotrity had been performed one year ago, who presented symptoms of renal calculus and pyelitis, with urine containing bacilli pyocyanei and the bacteria coli. The bacillus pyocyaneus was in a saprophytic state in the bladder; it had caused no appreciable accident; its presence, however, had to be considered as dangerous. The bacillus pyocyaneus, which is easily cultivated in the normal urine, in the urine of this patient has lost its chromogenic power; however, by the addition of a certain quantity of sugar, this property could be restored.

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THE RESULTS AND THE POST-OPERATIVE TREATMENT OF NEPHROLITHOTOMY.

(From a Clinical Lecture by Dr. E. Vignernon, Professor a l'Ecole de Marseille.)

The author recently presented before

The history of the patient in question follows: A male of 26 years, who, ever since his youth, had suffered from his kidneys and uretha, his urine containing blood, and always considered as containing also gravel. At the age of 19 years, he had a gonorrhea which had been poorly taken care of, with the result that it had been very protracted and had been complicated with arthritis of the wrist; it is impossible to state whether there was an infection of the superior urinary passages at that time; however, there existed such an infection in 1892, when a physician passed a sound for the first time. At this time pains became frequent in the neighborhood of the left kidney, especially during violent exercise.

The author saw him for the first time in July, 1893; his urine was purulent and bloody, with moderate vesical symptoms, but very severe lumbar pains especially on the left side. The vesical examination which was made giving no indications which were in proper relation with the extent of the existing pyuria, it was thought that there was a renal infection of probably calculous origin. The patient was told of the necessity of a second examination, and the probable ultimate need of an operation, but he was too much frightened to think of permitting either. However, as the symptoms persisted and became worse, the patient decided to go to Paris, where, in May, 1895, Dr. Albarran practiced upon him a left nephrolithotomy. A stone as large as a small egg was found and extracted from the superior part of the left ureter; above the stone the ureter and the infected part of the kidney formed a vast pouch. This large cavity was left open and drained. On his departure from Paris, the patient was stout, had recovered his powers, did not suffer any more, but had a lumbar fistula, which emitted an abundance of purulent urine; the urine passed through the uretha was equally purulent. Dr. Albarran recommended him to consult me on his return to Marseilles; we saw him about the end of October, having a lumbar cicatrix with only a very small opening, which opened intermittently. During these periods, lumbar pains and light febrile condition. A probe could be passed, not without pain, to a depth of 18 centimeters; the passage, enlarged by this exploration, emitted at least 300 grammes of purulent urine; with incision of the fistula, drainage and the application of irrigations of silver nitrate, 1-500, there ensued immediate disappearance of the pains and the fever and a general amelioration. A fortnight later, the patient, feeling better, was permitted to remove the drain, and, at the end of some days, the opening closed. On December 6, 1895, the patient had retention; as reincision of the fistula was immediately followed by relief, the opening was kept patent, permitting irrigations, until the end of January, 1896, when the patient disappeared. At that time the pouch had diminished considerably in volume; instead of holding 300 grammes of the irrigating fluid, as it did formerly, it only held 200, while it permitted the probe to be passed only to a depth of 12 centimeters; the urine remained purulent, there being, however, neither pain nor frequency of urination. The fistula soon closed and from Feb. 16th, light fever ensued until March 10th, when a more violent attack brought the patient again to our notice. An immediate incision of the cicatrised wound revealed a relatively small pouch, about 8 centimeters in depth. We noted that the probe seemed to strike against some concretion while we were exploring the pouch.

ELEPHANTIASIS OF THE GENITAL ORGANS.

(La Tribune Medicale. Translated from the French by Rutherford Gradwohl.)

M. G. Brouardel records a case of elephantiasis of the external genital organs; this case is particularly interesting because of the pathogenesis of the affection. The lesion, three months after cure, was followed by a double suppurative inguinal adenitis. The testicles and their coverings were increased in volume, at least the right testicle, and the tunica vaginalis contained liquid.

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The Medical Fortnightly

OPHTHALMOLOGY

BY J. ELLIS JENNINGS, M. D.,

ST. LOUIS.

A FURTHER CONTRIBUTION TO THE USE OF THE GALVANO-CAUTERY IN PTERYGIUM OPERATIONS. A. G. Hobbs, Atlanta. (Atlanta Medical and Surgical Journal, Sept., 1896.)

The principal object to be obtained by a pterygium operation is to prevent two raw surfaces from remaining in opposition after the operation, which necessarily results in the relapses that we too frequently see. The great vascularity of a pterygium with its vessels crossing over the sclero-corneal line to supply its apex, renders it difficult to sever all the arteries by a clean cut with the knife. In many cases where the knife is resorted to a secondary pterygium results, in which case sufficient nutrition is supplied to the apex to perpetuate the corneal haziness and to greatly interfere with vision.

When the section is made with a cautery I have not seen these secondary results. The operation is as follows: The fine-pointed cautery blade, heated with a battery, is applied horizontally to the narrowest portion of the growth which is near the sclero-corneal line, the application is made just before white heat is reached, and should be quickly applied and reapplied, if the tissues are not at first completely severed. If the growth is not adherent to the scleral and corneal margin, it is best to grasp it with small forceps and raise it from the sclera. When the corneal head is large it is advisable to make a cautery application in the same manner as in applying to a corneal ulcer. In both cases the resulting cicatrix is less—it is more transparent.

SOME SUPPLEMENTARY REMARKS ON SCOPOLAMINE AS A MYDRIATIC. A. G. Hobbs, M. D., Atlanta. (Ophthalmic Record, Sept., 1896.)

Hydrobromate of scopolamine produces a complete paralysis of accommodation in sixty to ninety minutes which persists at most only until the third day, and oftener only two. In simple refractive cases it is much to be preferred to Atropine which does not cause complete paralysis of accommodation until the second or third day and persists for from a week to ten days.

During the past year I have continued the use of this new mydriatic and during this time no toxic symptoms have been manifested under its use except, perhaps, in half a dozen cases, and in these there was merely a slight indication of constitutional effects. I use it now, most frequently in a 1-20 per cent solution and often in only a 1-40 per cent solution. In special cases I sometimes employ it as strong as 1-10 per cent. I use the weaker solutions with as few restrictions as I would use boracic acid, barring an unnecessary dilatation of the pupil. It produces no increase of tension and hence the old eye, even if it be glaucomatous, does not restrict its use, as in a greater or less degree it would bar all other mydriatic.

TREATMENT OF DETACHMENT OF THE RETINA. Casey A. Wood (Medicine, June, 1896).

The earliest efforts of the ophthalmic surgeon were directed to puncturing the sub-retinal sac, and it was found that this usually brought the displaced membrane into its normal position. As, however, detachment was found to occur a second or third time, various expedients were resorted to with the hope of rendering the cure permanent. Professor Scholer's method of intravitereous injections of iodine has resulted in a number of cures, but the evidence is on the whole against it as a dangerous and by no means certain remedy. We may dismiss, also, as needless and dangerous the injection of irritating fluids—such as potassium permanganate suggested by Darier. To this category, too, belong De Wecker's device of a gold suture, and Galezowski's catgut suture—all three intended to produce local inflammatory areas and so bind choroid and retina togeth-

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er. Terson of Toulouse employs electrolysis of the post-retinal fluid.

Probably the most important and more recent original contribution to the rational treatment of retinal detachment has been made by Deutschmann, of Hamburg, suggested by Erik Nordenson's work. His first proceeding is intended to sever all connections between the shrinking vitreous and the retina, to allow of a free communication between the posterior chamber and the serous collection behind the retina, to empty the latter space so that the freed retina might return to its normal position, and, lastly, to produce adhesion between choroid and retina at certain points. These indications are met by the following operation: The previously atropinized eye is cocainized and a double-edged knife is entered at the chosen spot, the conjunctiva being pushed to one side. The knife pierces all the ocular coats, sclera, choroid, and the detached retina, passing thence obliquely through the vitreous until it touches the opposite side of the bulb; it is then carefully moved to and fro, making a sort of vitreous discission, and is finally withdrawn. Slight hemorrhage occurs at the point of entrance of the knife, and a certain inflammatory action is set up about the wounded points, which process is relied upon to permanently fix the retin to the choroid and so resist any subsequent pulling of the vitreous. The patient is kept in bed from eight to fourteen days, until the ophthalmoscope shows that the case is cured. If the first operation is not a success, the same procedure may be repeated as often as is necessary to produce the desired result.

In another class of cases—in their nature more hopeless—Deutschman has employed a novel remedial process.

This is the injection, with an ordinary hypodermic syringe, into the vitreous cavity, of the freshly prepared aseptic vitreous of a young rabbit diluted with a ¾-per cent solution of common salt. His results with this method of treatment have been marvellous. This operation may have to be repeated two or even three times, and it must be remembered that an inflammatory reaction follows each injection.

SPONGE GRAFTING IN THE ORBIT FOR SUPPORT OF ARTIFICIAL EYE. E. Oliver Belt, M. D. (Ophthalmic Record, Sept., 1896).

After an eyeball has been removed and an artificial eye inserted very frequently it is not as prominent as the good eye, but has a sunken appearance. One of the most satisfactory operations heretofore practiced is that known as Mule's operation, which consists in the evisceration of the contents of the eye, and the insertion of a hollow glass globe in the sclerotic. This is sewed in and proves fairly satisfactory, but there is some danger of the globe being broken, and occasionally the stitches come out and the globe escapes. (There is also considerable reaction after the operation. J. E. J.) To obviate these difficulties and at the same time secure a full orbit, I have devised a method of sponge grafting which is performed as follows: The eye ball is removed by the ordinary method. After all hemorrhage is arrested, the socket is washed out with Formalin solution 1 to 1,000, followed by sterilezed salt solution. A globe of fine soft sponge, about three-fourths the size of the eye ball (previously sterilized in five per cent Formalin solution and rinsed in the salt solution) is then inserted into the socket or capsule of Tenon. The conjunctiva is brought together and sewed with rattail sutures. The eye lids are then closed with compress and bandages. In a few weeks the sponge is filled with new tissue, which in time becomes firm, solid flesh, making a full orbit and a fine support for the artificial eye. The sponge fibres are apparently absorbed.

Dr. T. More Madden has received from the Royal University of Ireland the honorary degree of M. A. O. (Master of the Obstetric Art). Dr. Madden is Obstetric Physician and Gynaecologist to the Mater Misericordiae Hospital, and Consulting Physician to the Children's Hospital, and has written extensively on obstetrics and gynaecological subjects.

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The Medical Fortnightly

DISEASES OF THE RECTUM

BY DANIEL MORTON, M. D.,

ST. JOSEPH, MO.

EXCISION OF PILES AND SUTURING.

Since the last appearance of this department some discussion has occurred concerning a method of operating for piles, suggested by Dr. Robert Jones of Liverpool, about two years ago. His plan was to clamp the pile, cut it off and then, instead of cauterizing the stump, suture the cut edge with continuous catgut. Hemorrhage is prevented and immediate union results. Dr. Samuel T. Earl of Baltimore has suggested an improvement on the technique of Jones. Earle thus describes his operation: "The pile is caught with catch forceps at its most prominent point, pulled down and out and then the clamp forceps are applied as near the base of the tumor as may be thought proper; after being closed as tightly as possible the part of the tumor above the beak of the forceps is cut off close, then the suturing is begun at the distal end of the clamp (the end of the suture is caught with a pair of catch forceps instead of being tied in order that the running suture, when completed, may be drawn from both ends), and is continued over and under the clamp until the whole cut surface is included, but it is not drawn tight; the clamp is now loosened when it can be easily slipped out from between the suture and the two ends of the suture drawn sufficiently tight to bring the cut edge in nice opposition and control all hemorrhage, the two ends are now made fast by a knot in each, which should be made close down to the mucous surface. Matthews says the operation as just described, "should receive careful consideration from the profession."

TREATMENT OF FISSURES WITH COCAIN AND ICHTHYOL.

In the Dev. Des Mal des Femmes, Cheron advocates the use of Cocain and Ichthyol for fissure of anus, the cocain being first applied for five minutes and the fissure subsequently cauterized with a drop of ichthyol. Some cases may require twelve, some twenty treatments to affect a cure. A certain amount of dilatation is also advised in connection with the therapeutic measures.

DOUBLE CASTRATION FOR HEMORRHOIDS.

Dr. John Homans of the Massachusetts General Hospital operated by double castration for relief of enlarged prostate in man sixty-four years of age. The patient was suffering from hemorrhoids also. In three weeks' time both prostatic and hemorrhoidal trouble had entirely disappeared and the patient was attending to business.

OXYGEN AND ANAESTHETICS.

The rectal surgeon must constantly use general anaesthetics and carry them to the limit of safety, too. The sphincters are the last muscles to yield and complete anesthesia is required in all rectal operations, almost without exception, in order to entirely do away with sphincteric action. Anaesthetics are dangerous, statements to the contrary notwithstanding. Recently oxygen has been used to lessen the accompanying dangers and the unpleasant after-effects of the administration of ether. The reports are favorable and the subject is one deserving the investigation of rectal surgeons. Landon of Berlin and Parvin of Philadelphia report that nausea vomiting and headache are prevented where operations have been prolonged for an hour or more. As Parvin very expressively says the intoxication of ether is easily "set aside." He strongly recommends inhalation of oxygen "as a necessary sequence of ether anaesthesia if all unpleasant, and sometimes very injurious consequences of such anaesthesia are to be averted."

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Society Proceedings.

SECOND PAN-AMERICAN MEDICAL CONGRESS.

Meeting held in the City of Mexico, November 16 to 19, 1896.

[REPORTED BY DR. G. I. CULLEN, CINCINNATI.]

The Pan-American Congress held a most successful meeting and one which all who attended will long remember. The characteristic hospitality and courteousness of the Mexicans greatly impressed the American members, and the sights that were presented to them, both in the City of Mexico and en route, will be a source of the pleasantest memories and surely more than repaid those who made the trip.

The special train in charge of Mr. Reau Campbell left St. Louis Nov. 10th, stopping over at Texarkana, Longview, San Antonio, Eagle Pass and Toreon, arriving in the City of Mexico Monday, November 15th.

The officers of the Congress were:

President — Dr. Manuel Carmona y Valle.

Vice-President—Dr. Rafael Lavista.

Secretary—Dr. Eduardo Liceaga.

Treasurer—Professor Francisca Bustillos.

The several states of both Mexico and the United States were well represented on both the executive committee and the list of vice-presidents.

The Congress was divided into fifteen sections. The sessions were well attended and most excellent programs presented. The general sessions were held in the evening, and the sections met from 9 to 12 a. m. and from 3 to 4:30 p. m.

The first session was held in the National Theater November 16th at 8 p. m. The report of the general secretary was read, followed by the address of welcome by President Manuel Carmona y Valle.

DR. WILLIAM PEPPER, of Philadelphia, gave the first scientific address on the subject of

THE APPLICATION OF CATHODIC RAYS IN MEDICINE.

PRESIDENT DIAZ then delivered his address, in which he expressed the warmest feeling of friendship for the American doctors. He also displayed considerable interest and enthusiasm in the matter of a health representative in the Cabinet of the President of the United States. He dwelt at length on the far-reaching benefits to be derived from the meetings of the Pan-American Congress, and in closing the subject he said: "Your statesmen are preaching reciprocity, and you gentlemen are practicing it."

President Diaz is a most interesting man and a typical Mexican contrast. Of Indian origin, and a plain, blunt soldier, he is now a courtly diplomat and accomplished statesman; a man of courage and war-like propensities, he is as gentle as it is possible for anybody to be; a man of sixty-eight, and who seems to be but fifty; a Republican President, yet a consummate despot—one, however, tempered with wisdom, humanity and progress.

FIRST DAY SESSION.

DR. JOSE TERRES, of the City of Mexico, read a paper on

FACTS OF PRACTICAL UTILITY WITH RESPECT TO PALUDISM.

He said that there was no appreciable difference either in the quantity or form under which the parasite is found in the digital blood of the patients, whatever may be the moment of examination with respect to the access; that is to say, that the Hematozoriae are equally found during the access of palustric fever, shortly after its appearance, in full apirexia or shortly before the access comes on. In palustric catexia, and where the accesses do not present themselves at stated periods, the parasites are scarcer, and the half moons and the grains free of pigment are then more frequent. The author insisted upon the importance of finding in the blood granulations of dark, coffee-colored pigment in order to make the diagnosis. The pigment of melanic cancer was referred to as being rarely found in the blood. At least 700 diameters is recommended.

The administration of quinine causes the Hematozoariae to disappear only when it cures the disease. The Hematozoariae can live a long time in the blood

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without making their presence manifest in such cases by destroying Hemacias; this is the mechanism of the true palustric anemia which presents itself without any access of fever. This anemia is the immediate cause of neuralgia, which, therefore, depends on the action of the parasites. It is probable that they act directly or by means of their secretions on the nervous system, and thus favor the production of the neuralgic form of Larval Paludism. When a person whose blood is known or supposed to contain Hematozoariae is about to suffer the action that ordinarily brings about the access, he can avoid it by taking, two days previously, the dose of quinine that in that locality prevents the access. This is an important fact in the application of Hydrotherapy in the treatment of palustric anemia.

The author has never seen glycosuria after the accesses, even after the administration of 150 grams of syrup. The quinine should be administered as soon as the diagnosis is made, in preference to waiting any specific number of hours before the attacks.

DR. JUAN N. REVUELTAS, of Coyoacan, read a paper on

MEDICAL PHILOSOPHY.

The ultimate object of the physician as given by the essayist is that of fulfilling the most important sociological object of many which affect society and humanity in general, because not only is his mission that of alleviating and comforting individuals of the community in the midst of their sufferings, but he also works for hygiene and the modification of the species in the most favorable sense to itself, and so that it may be better able to resist the stress, disturbances and ordinary dangers of any such disease, and which in the absence of the necessary resisting power, render life more difficult, and therefore less grateful. Besides this the physician is the member of the community who, through his biological knowledge, is best adapted to advise the legislator, seeing that in all legislation it is necessary to bear in mind that the laws are enacted for beings who are endowed with life, and that one of the principal objects of all social laws is that of protecting life, encouraging its development, and diffusing all those enjoyments that are desirable, in the fullest sense of the word.

Philosophy being the combination of all human knowledge, organized and assimilated by humanity in the search for truth and happiness, and the physician having for his object the procuring of the happiness of the individual and of the community in general by means of the functional equilibrium of the organic and relative life, he has particular need of the philosophical knowledge that leads to that end.

DR. BEDFORD BROWN, of Alexandria, Va., read on

AUTUMNAL FEVERS.

The forms of autumnal fevers are: The intermittent, or ague; remittent, and pernicious congestive. The remittent is subdivided into the acute, with sudden onset without premonition, by chill followed by acute active asthenic form of fever, temperature ranging from 103 to 105 degrees, followed by remission. In this the curves of temperature are angular, extreme and sudden.

In the prolonged form there are certain premonitory signs lasting several days, as lassitude, neuralgic pains in the head, back and limbs, loss of appetite, and constipation. These are followed by a slight rise of fever in evening and remission towards morning. They never rise high, and during remission fall to the normal or near that point. The first week of fever rarely exceeds 102 degrees; the second, 103 degrees; the third, 104 degrees, and the fourth, 105 degrees.

The origin of these fevers in the Southern States is almost invariably malarial, although occasionally there are cases of true typhoid. The generally accepted belief is that the water offers the best medium for carrying the poison into the system and is generally responsible for it. The seasons of prevalence are from early August to the middle of October. The effect of frost, the symptoms, rythmic features of the disease, differentiation, as well as a description of the pernicious congestive form, were dwelt upon at length. As to prophylaxis, great stress is laid upon the purification of the water supply, while in the treatment of the disease quinine is considered by the author as the only drug to be relied upon.

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DR. MANUEL RUIZ CASABO, of Havana, Cuba, read a paper on

THE PHYSICAL CHEMICAL CHARACTER OF THE URINE IN YELLOW FEVER.

The author gave extensive consideration to the importance of studying the composition of the urine in each individual case. A number of unusual facts were related relative to the elements of the urine.

DR. GEORGE N. LOWE, of Randall, Kan., read a paper on

CEREBRAL TUMORS AND ABSCESSES.

The importance of differentiating between a tumor and an abscess of the brain was emphasized, as they are pathologically and histologically different. With our present knowledge of benign growths it is safe to assume that a complete enucleation or extirpation prevents their return, while in the malignant growths, if a complete extirpation of the affected parts while the growth is in its embryonic or incipient state is not performed, we may look for its return. The present knowledge of topographical anatomy and cerebral localization, while not considered as sufficiently correct, is considered by the author accurate enough in the majority of cases to enable us to approximate the region or regions of the brain in which the lesion is located.

DR. CARL BECK, of New York, read an exhaustive paper on

THE VALUE OF THE ROENTGEN RAYS IN SURGERY.

The author stated that the rays had been successfully used in the detection of splinters of metal and glass, bullets, needles, etc., which can be easily photographed or seen by the fluoroscope. It is also easy to perceive topographic-anatomical representations of the skeleton, the position of the foetus in utero, deficiencies of bones, deformities, dislocations, callous formations and complications in fractures, and such diseases of joints as pseudarthrosis, ankylosis, hypo-peri and exostosis, and ostitis and osteomalacic processes are representable. The area of ossification in rachitis, the dentation line in hereditary syphillis, caries of bones, tissue change in arthritis, osteophytes, calcination, ossification of cartilage, and tumors of the bones can be recognized. The case in which Koenig recognized a sarcoma of the tibia by the light mass of a lobular structure contrasting with the dark diaphysis of the tibia was cited. Suspected green-stick fractures, as well as the manner in which it is treated, may be demonstrated by reproducing the limb, together with the bandages, splints, etc. This Roentgen picture may thus become a valuable document in a medico-legal way. Neusser was quoted as having proved the phosphates as well as other calculi in the urine by the rays. The great obstacle in the diagnosis being the situation of the bladder in the bony pelvis, which prevents the permeation of the rays. It is claimed that renal calculi, as well as gall-stones could be diagnosed, but the essayist has been unable to demonstrate this. He has photographed the skull, and recognized foreign bodies in it, as well as sklerosis of the arteries, while calcified deposits in the lung, the remainder of old, healed tuberculous ulcers, could be plainly seen. The organs, which are kept moving by the respiratory and circulatory acts, can be seen with the aid of a fluoroscope, but cannot be photographed. The only method of recognizing effusions is by finding a translucent space between two organs, and an abscess might thus be suspected. Regarding the curative effect of the rays in zymotic diseases, Dr. Beck stated that the vitality of pathogenic bacteria is not impaired by the rays, even if the exposure lasts for several hours.

DR. J. W. PURNELL, an American dentist in the City of Mexico, read a paper on

GUTTA PERCHA IN CROWN AND BRIDGE WORK.

He asserted that many dentists crown good teeth which should be filled, and that the use of gutta percha has the following advantages over cement for seting crowns: 1st. It is impervious to acid secretions of the mouth or bacterial influences; 2d, When necessary it can be easily removed; 3d. It is not irritating to the surrounding tissues, and 4th, It is as easy to manage as cement.

(To be continued.)

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Medical Melange

Tetanus Antitoxin.

(SPECIAL TO THE FORTNIGHTLY)

Washington, D. C., December 3, 1896. —Hon. Frank H. Mason, United States Consul-General at Frankfort, has forwarded to the State Department the following report on "Tetanus Antitoxin:"

One by one the diseases which have hitherto defied the skill of physicians are yielding to the persistent attack of modern science. Since the successful treatment of diphtheria by sub-cutaneous injections of antitoxic serum was demonstrated—hardly three years ago —it has been confidently predicted that sooner or later all diseases which result from the action of a poison secreted in the blood by a special and characteristic bacillus would be conquered by similar means.

From the evidence now presented it would appear that tetanus, one of the most sinister and stubborn of human maladies, if not already conquered, is in a fair way to be successfully overcome. In the Deutsche Medicinische Wochenschrift (Berlin) for October 23, appears a joint announcement of Professor Dr. Von Behring, of diphtheria antitoxin fame, and Professor Knorr, of Marburg, describing the qualities and best methods of using the new tetanus antitoxin, which is now prepared under government supervision as a commercial product by the Farbwerke, at Hoecht-on-Main, and offered for use by medical practitioners under the same conditions as diphtheria antitoxin from the same source.

Tetanus, as is well known, is an exceedingly painful and hitherto usually fatal disease caused by blood poisoning, generally the result of a wound. It is believed by physicians to be caused by the introduction into the system of a minute organism which rises from the ground in certain localities, so that the prevalence of tetanus varies greatly even in different districts of the same country. At all events, the disease has its characteristic microbe, which has been recognized, isolated and described, and reproduced by artificial culture. The distinctive symptom of tetanus is a persistent spasm of the voluntary muscles, aggravated by light noise, or other disturbing influence to which the patient may be subjected. These spasms may affect any muscular portion of the body, but when, as is often the case, the maxillary muscles are principally attacked, the resulting malady is known as "lockjaw."

The tetanus antitoxin described by Professor Behring and Professor Knorr is similar in nature, action and the methods of its preparation to the antitoxin of diphtheria. It is prepared and put up for use in two forms, viz.: As a dry powder, which is used for the treatment of developed cases of tetanus in men and animals, and as a liquid solution, which is employed for prophylactic purposes. Its strength, or degree of efficiency, is measured, like that of antidiphtheretic serum, by antitoxic units. The dry antitoxin is designated as a 100-fold normalantitoxin, that is one gramme of the preparation contains 100 units of antitoxic power—in other words, is sufficient to neutralize 100 grammes of the normal poison of tetanus. It is put up for commerce in vials containing five grammes each, and the contents of one such vial are theoretically sufficient for the cure of a developed case of tetanus. It is dissolved in 50 cubic centimeters of sterilized water at a temperature of 40 degrees, Centegrade, and injected hypodermically at a single dose. In the treatment of horses the injection is made into a vein, by which the full action of the antitoxin is accelerated by about twenty-four hours, and this method may even be employed with human patients in very severe cases, or where the treatment is commenced at a late and perilous stage of the disease. To insure favorable results the injection should be made, if possible, within thirty-six hours after the presence of tetanus is definitely indicated. The liquid solution is protected from contamination by a small admixture of phenol. The dry preparation, on the other hand, requires no such antiseptic while in that form, but when dissolved in water it becomes subject to deterioration, which may be overcome by the addition of 10 per cent of chloroform.

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The tetanus solution is of five-fold strength; that is, one gramme of the liquid contains five antitoxic units, and in this form it is put up in sealed five-gramme vials. In presence of wounds which give reason to fear lockjaw or other form of tetanus, a small sub-cutaneous injection of this solution is made, the quantity used being proportionate to the condition of the patient and the time that has elapsed since the injury was received. In all cases the wound should be antiseptically treated, so as to prevent, as far as possible, the further generation of poison in the blood.

Tetanus is a disease of seldom occurrence in this section of Germany, and opportunities to test the remedy in actual practice are comparatively rare. One such case has recently been treated at the Hospital of the Holy Spirit, in Frankfort, the record of which is officially and minutely given.

On the 19th of September last, a coppersmith (L. M.), twenty-five years of age, and resident of Frankfort, experienced, after exposure to thorough wetting, severe pains and stiffness in the muscles of the neck and throat. Two days after the first symptoms appeared he came under the treatment of a physician, who kept the patient in bed and administered chloral and salcylate of soda. The symptoms of tetanus continued to develop, and on the night of the 29th of September became so marked and violent that on the following day the patient was transferred to the hospital. A careful examination revealed a small cut or scratch under the right ear, then nearly healed, and so slight in outward appearance that it had passed almost unnoticed. At the time of admission to the hospital the patient was growing rapidly worse. The chin was twisted far to the left, the head drawn backward and immovable, and the muscles of the body, especially the back and abdomen, were hard and tensely drawn. The patient was isolated in a dark room and treated with sub-cutaneous injections of morphine, which gave no relief. The slightest disturbance, such as the entrance of the physician or nurse into the darkened room, induced severe spasms, and the condition of the sufferer continued to grow steadily worse. At 4 o'clock in the afternoon of October 1 a prolonged spasm of intense severity left no doubt of a fully developed case of tetanus, and half an hour later five grammes of the 100-unit antitoxin, dissolved in fifty grammes of water, were injected hypodermically at three places on the breast.

During the evening of the same day a slight but definite improvement was observed, and this continued throughout the following day, the spasms being fewer and of shorter duration than those before the antitoxin had been administered. This condition was maintained from the 3d to the 6th of October, when the acute symptoms gradually returned, and by 9 o'clock in the evening became so severe that a second dose of four grammes of normal antitoxin was administered as before, with the result that before the next morning the muscles began to relax, the spasms became lighter and less frequent, and from that time the improvement was so rapid and sustained that on the 23d of October, sixteen days after the second injection of antitoxin, the patient was convalescent, and, at his own request, was discharged from the hospital.

This, in the opinion of the physicians in charge, was a typical and conclusive case, in which life could not have been saved by any other treatment previously known, and in which the course of the disease might unquestionably have been arrested and greatly shortened had the antitoxin been used when the patient first came under medical treatment, instead of ten days later, when the case had become one of acute and fully developed tetanus.

It is, of course, too soon to estimate the exact prophylactic or therapeutic value of the new remedy. That can only be determined by a long series of observations in actual practice, which will be made as rapidly as the comparative rarity of the disease itself will admit. Thus far the antitoxin has been used experimentally, both in this country and in France, with horses, cattle, guinea pigs, mice, etc., and from these tests and the hospital case above described the indications are that its use entails no injurious effects. The antitoxin is prepared with extreme care, subjected to rigid inspection and

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control at the Imperial Testing Laboratory at Steglitz, and with this guarantee is placed within reach of bacteriologists and medical practitioners in all countries.

MEMORIAL TO DR. HACK TUKE.

The memorial to the late Dr. Hack Tuke will probably take the form of a library in connection with the Medico-Psychological Association, to which Dr. Tuke's library has been given. An American committee has been formed for the collection of subscriptions towards the memorial.

THE PRESS NO LONGER WELCOME.

Owing to the frequent appearance in the lay press of illustrations drawn from life of patients being operated upon in the wards of the Receiving Hospital, San Francisco, it has been decided to exclude reporters, newspaper artists, and others not connected with the hospital staff. This action was based upon consideration of the ethical side of the matter, as well as the propriety of subjecting patients to the scrutiny of the public, and the decision was unanimous.

LOW MORTALITY.

In the week ending November 7th the smallest death rate ever recorded in Boston was reached, the number being six hundred and eighteen.

MEDICAL MAYORS.

The physician is evidently in politics in England. At the November election no less than eight medical men were made mayors of their various burgs.

It is stated that several of the leading insurance companies of the East are contemplating the erection of large sanitariums in Colorado, for the reception of their policy-holders who may be suffering from pulmonary tuberculosis.

Sir Joseph Lister and Professor Michael Fostor were elected honorary members of the Asiatic Society of Bengal at the last annual meeting, in place of the late Professor Huxley and M. Pasteur.

THE SULPHATE OF QUINACETINE bears a close resemblance to the Sulphate of Quinine, slightly astringent, bitter, insoluble in water, slightly soluble in simple elixir, or spirits frumenti, etc. Dissolves readily in all acid solutions forming freely soluble bisalts, which, like the sulphate, are incompatible with other metals, metallic hydrates and the carbonates. It is a powerful Antipyretic and Anodyne.

Dose.—It is prescribed in dose from 5 to 15 grains and displays a powerful, calming influence upon the system, which is manifested in its property to eradicate pain and allay nervous excitability and in reducing abnormal temperature of the body characteristic upon certain pathological conditions.

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The Santa Fe route has resumed its California limited train as a semi-weekly service. Santa Fe trains leaving St. Joseph at 8 a. m. Thursdays and Sundays will make direct connection at Topeka with this celebrated train, equipped with superb vestibuled Pullman palace sleepers, buffet smoking car and dining car.

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Room 8, Board of Trade.
St. Joseph, Mo.

THE WESTERN SURGICAL AND GYNECOLOGICAL ASSOCIATION meets in annual session at Topeka, Kan., on Dec. 28 and 29, and Secretary Pearse is preparing an excellent program for the event. A cordial invitation is extended by the local profession and an enjoyable and profitable meeting is assured. Opening session, Dec. 28, at 1 p. m. One fare for the round trip, via the Santa Fe route.

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Greetings for a Prosperous New Year

THE MEDICAL FORTNIGHTLY has enjoyed a prosperous year during 1896, in spite of the hard times. The original matter contributed to its columns has been highly gratifying, both in quality and quantity; a perusal of the list of contributors for the year, shows that men of talent and reputation have especially been liberal and kind in their appreciation of our desires to make the journal cosmopolitan and of high scientific tone. We have aroused enthusiasm in agitating reforms, condemning quackery and blatant arrogance, and feel that our services to the great cause of medicine have not been unappreciated.

For the ensuing year, the policy of fearless defence, for an honorable profession by unhampered freedom of speech will be pursued. We will fight for principles and will not antagonize individuals, excepting where they represent principles opposed to the welfare of medicine and humanity. Medical journalism is with THE MEDICAL FORTNIGHTLY a serious business, and as it aims to do right, be right and fight for the right, we can promise that we will always be found championing what we consider is right, irrespective of the toes we may tread upon.

Our original matter for 1897 will exceed that for 1896, as we have already assurances from prominent writers sufficient to warrant us in making this statement. Our reports of societies and progress will continue to be a feature, also foreign correspondence, book reviews and news items. A Department of Practical Medicine will open with our January number, together with many other features, which will be found enumerated on another page.

We also beg leave to call attention to our advertising columns, in which are strictly reputable concerns and worthy of physicians' patronage. We have refused advertisements during 1896, because they did not approach our standard. We will continue to observe this rule. In conclusion, let us say, that our aim is to serve and befriend our patrons and the great and noble profession which we all dearly love.

EARLY in 1897, Dr. Lucy Waite, of Chicago, will contribute a paper to our columns.

PROF. A. J. STEELE, of the Missouri Medical College, will favor us with a paper soon.

DR. JULIUS KOHL, of Belleville, Ill., has resigned his position as a member of the Illinois State Board of Health.

DR. HARRY WHITTEN, son of Dr. T. J. Whitten, of Nokomis, Ill., will locate in Peoria, Ill., for the general practice of medicine.

LAMONTE, MO., November 30, 1896.

Dear Doctor:—Your club offers for 1897 are certainly first class. I always want the FORTNIGHTLY and if I can get something else good along with it, I'm not foolish enough to object. The FORTNIGHTLY is the acme of crystalized munificence to the busy medical man. I want the MEDICAL FORTNIGHTLY and the *American Medical Review* and Miskel. Enclosed find draft for same. Yours very truly and fraternally,

J. L. LANTZ, M. D.

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THE HAPPY MEDIUM

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TABLE OF CONTENTS
FIRST TINTED PAGE

Vol. x, No. 12
DECEMB'R 15
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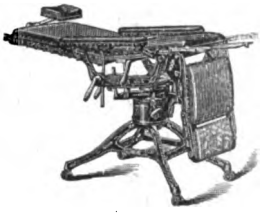

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CONTENTS OF THIS NUMBER:

ORIGINAL DEPARTMENT

EXOPHTHALMIC GOITRE; BASEDOW'S OR GRAVES' DISEASE—By J. W. NEWCOMER, M D., Petersburg, Ill 689

THE EARLY STAGE OF PARETIC DEMENTIA—By FRANK C. HOYT, M. D., Superintendent Iowa Hospital for the Insane at Clarinda, Iowa 693

EDITORIAL DEPARTMENT

Cheap Medical Service Again 681
Medical Missionary Life in China 683
The Southern Illinois Medical Society 684
Uric Acid and Chronic Urethritis 684
Quackery Again 686
The Doctor and His Journals 687
The American Medical Journalist 688

SOCIETY PROCEEDINGS

Second Pan-American Medical Congress 706

MISCELLANY

Philadelphia Letter 695
Favorite Prescriptions 700
The Reviewer's Table 698
Tetanus Antitoxin 709
Memorial to Dr. Hack Tuke 711

REPORTS ON PROGRESS

GENITO-URINARY SURGERY AND VENEREAL DISEASES

By BRANSFORD LEWIS, M. D., assisted by Dr. G. W. TURNER and RUTHERFORD GRADWOHL, St. Louis, Mo.

Cancer of the Prostate 701
Urethrocele in a Women 701
Mixed Urinary Infection—Presence of Bacilli Pyocyanei in the Urine 701
The Results and the Post-Operative Treatment of Nephrolithotomy 702
Elephantiasis of the Genital Organs 702

OPHTHALMOLOGY

By J. ELLIS JENNINGS, M. D., St. Louis.

A Further Contribution to the Use of the Galvano-Cautery in Pterygium Operations 703
Some Supplementary Remarks on Scopolamine as a Mydriatic 703
Treatment of Detachment of the Retina 703
Sponge Grafting in the Orbit for Support of Artificial Eye. 704

DISEASES OF THE RECTUM

By DANIEL MORTON, M. D., St. Joseph, Mo.

Excision of Piles and Suturing 705
Treatment of Fissures with Cocain and Ichthyol 705
Double Castration for Hemorrhoids 705
Oxygen and Anæsthetics 705

FOR EARLY ISSUE: Lectures by eminent French clinicians; Report of Pan-American Congress in Mexico. See next page for details. Send for List of New Paid Subs

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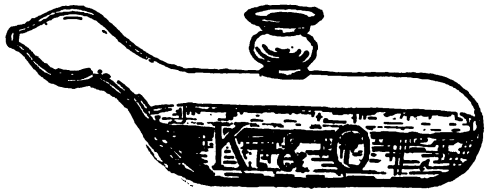

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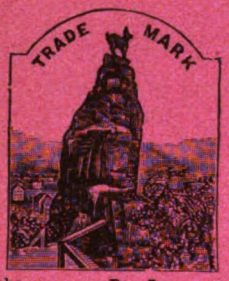

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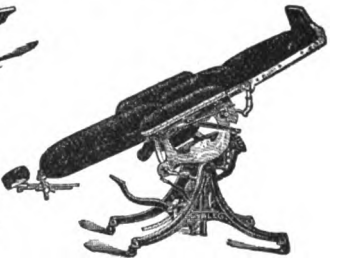

Fig. IX—Chloroform Position.

Fig. XVII—Dorsal.

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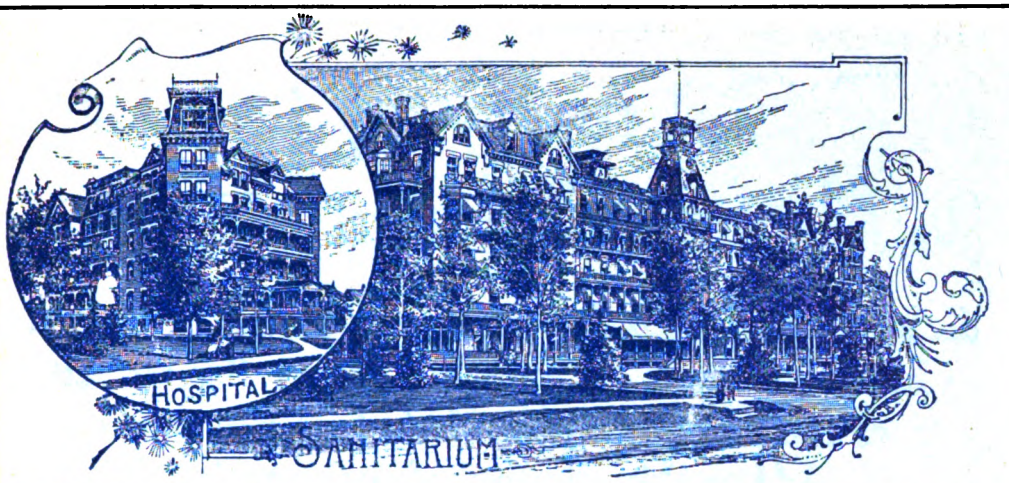

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